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POVERTY AND
TUBERCULOSIS

A. I. C. P.

HOME HOSPITAL
EXPERIMENT

NEW YORK
1912 - 14



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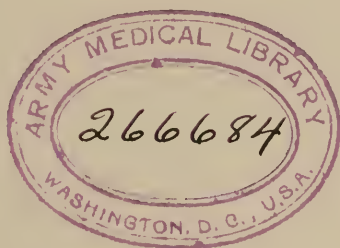


UNTIL TENEMENT HOMES LIKE THIS ARE WIPED OUT TUBERCULOSIS WILL SPREAD.
In these three rooms a family of five contracted the disease. The two inside bed-rooms are indirectly ventilated from an air shaft kitchen.

TWO YEARS OF THE HOME HOSPITAL EXPERIMENT

METHODS RESULTS
AND COMPARATIVE COST OF THE
COMBINED HOME AND HOSPITAL
TREATMENT OF FAMILIES MADE
DEPENDENT BY TUBERCULOSIS

1912-14



NEW YORK
ASSOCIATION FOR IMPROVING THE
CONDITION OF THE POOR.
105 EAST 22ND STREET, NEW YORK

PUBLICATION No. 84

INTRODUCTION

The New York Association for Improving the Condition of the Poor has completed two years of the Home Hospital experiment. The questions which it set out to answer in the course of this experiment were:

1. Is it possible to treat families in which one or more members are afflicted with tuberculosis by keeping the family together, in their own individual home, without danger to other members of the family?

2. Do the results of treating patients in their own homes under satisfactory conditions of living, with adequate medical supervision, compare favorably with results secured by removing the patient from his home and treating him in a sanatorium or other special institution for tuberculosis?

3. In the case of a family in which there is combined tuberculosis and poverty, which costs more: to treat the family as a unit, as is done in the Home Hospital experiment; or to break up the family, as is done under other methods of treating families with tuberculosis?

This report endeavors to state the results of two years of serious effort to answer these questions. As planned, the experiment was to extend over a period of three years. While at the end of that time we shall have more complete and more conclusive proof than is now available, yet we believe the evidence presented in this report points unmistakably to the fact that it is perfectly practicable to treat families in which there is tuberculosis, as a family unit, without apparent danger of spreading the infection to well members of the family. Indeed, our results thus far indicate that it is the most practical way to prevent other members of the family from contracting tuberculosis. This is accomplished by careful medical and nursing supervision, by proper segregation of the patient from other members of his

family and by the correction of any hygienic or physical defects that in any way are detrimental to good health. Just as a superabundance of fresh air and sunshine, good food and proper sanitary surroundings are vital to the care of tuberculosis, so are these same fundamentals of hygienic living the essentials for preventing the spread and the development of the disease.

We believe that the evidence in this report also points convincingly to the fact that the results secured during these two years by the treatment of patients in the Home Hospital compare very favorably with the results obtained in the best sanatoria and hospitals. These results are presented in detail in this report for the fullest and freest criticism. They have, however, been more satisfactory than it had even been hoped when the institution was first planned. No small factor in securing these results, we believe, is the very important one of the mental effect on the patient. Modern therapeutics is recognizing more and more the importance of the psychological factor in the treatment and cure of certain diseases. This is particularly true of tuberculosis. Take a man or a woman away from his home and his family—the maintenance of which is the one thing for which he lives—and immediately an unfavorable mental situation is created. Change this situation by providing for his treatment in his home, with his loved ones near him, and the unfavorable environment is changed to a favorable one—a retarding mental condition is transformed into one making rapidly for his improvement. The results are what might be expected.

The report also includes a full discussion of the relative cost of treating tuberculosis by the Home Hospital method as compared with other ways of treating families in which one or more members have this disease. The experiment has demonstrated that the cost of doing an adequate piece of work in treating combined poverty and tuberculosis by the Home Hospital method is less in each case than adequate treatment of both by any other method.

One year remains before the full three-year experiment will have been completed. So convincing are the results, however, at the end of two years that the Association feels its main problem from now on is to secure the continuation and extension of

the Home Hospital. It is even now no small institution. It has an average of approximately 130 patients, and of over 200 individuals. Considering the patients alone, it is over one-half as large as either the New York Hospital or the Presbyterian Hospital, and is nearly one-half as large as Roosevelt Hospital or St. Luke's Hospital. It has about the same average number of patients as Fordham Hospital. Its average number of patients is greater than that of Trudeau Sanatorium at Saranac Lake, N. Y. It will be seen, therefore, that it is, in spite of its brief history, a considerable hospital. The demand is so great, however, that we are convinced it should be not only made permanent but rapidly extended in size. Every effort will be made to add at least another staircase of twenty families before the completion of the three years.

After all, the Home Hospital idea is only that of a decently constructed house with a decent budget available to provide adequate nourishment, together with provision for constant medical and nursing supervision of the family. Even less expensive tenements, with provision for the maximum of light and air, can be used for the extension of the Home Hospital idea. With these three items—a decent home, an adequate budget and proper supervision—families afflicted with the ills flowing from tuberculosis and poverty combined can be rehabilitated. The inescapable conclusion is, moreover, that with decently constructed homes, with adequate nourishment and with proper instruction and help, the spread of tuberculosis can practically be prevented. The Home Hospital is at once a demonstration of successful treatment of combined tuberculosis and poverty and an illustration of how society must regulate its housing conditions and the wages of its families if it seriously contemplates the prevention of tuberculosis.

One of the greatest difficulties with which the Home Hospital experiment has been confronted is a difficulty common to it and to hospitals and sanatoria, that is, the very great difficulty of securing suitable work with adequate remuneration for patients able to work. This difficulty has been aggravated during the past winter because of the large amount of unemployment. Even were this difficulty removed it would still be true that industrial

opportunities for the suitable employment of ex-patients are very unsatisfactory. The data in this report shows that treatment at the Home Hospital does much to increase the ability of patients for work. In many instances, however, it is unwise for arrested cases to return to the same kind of work they have performed and in some cases it is undesirable for them to work full days at hard labor. Add to this the difficulty through frequently not being able to find any kind of employment and it is readily seen how serious this problem is. An imperative next step in the problem of the successful treatment of tuberculosis is a serious consideration of this difficulty. It may be necessary to organize work with these cases particularly in mind.

The reader of this report will be impressed, I am sure, that at the Home Hospital we are doing for the health of the family much more than to arrest tuberculosis and prevent its spread. It treats *all* cases of sickness that occur in these families but more than that it prevents the development of diseases other than tuberculosis through improving the resistance and general health of each member of the family. Furthermore, keeping the family together in wholesome surroundings promotes not only the health conditions of the family but also its moral and social value. The supervision is more than medical—it is moral also. Any measure of the value of the Home Hospital treatment must recognize these essential factors.

This report would not be complete did it not recognize Mr. John A. Kingsbury who conceived the idea of the Home Hospital and actually organized it, and to the first Chairman of the Home Hospital Committee, Dr. Linsly R. Williams, whose medical advice and help ensured a stable foundation. These men, the former now Commissioner of Public Charities in New York City, the latter the Deputy State Commissioner of Public Health, although in larger fields of public usefulness are still directly interested in the work of the Home Hospital. To the painstaking interest of its administrative and medical staff the success of the experiment is also in no small measure due.

BAILEY B. BURRITT,
General Director.

THE PROBLEM

When a disease in a single city shows an annual death roll of eighty-five hundred human lives,* seizes yearly upon more than twenty-two thousand new victims and has constantly more than fifty thousand unfortunates marked for death, it creates an imperative problem. When that disease is involved with poverty in the family and consequent economic and social deterioration, the problem becomes exceedingly complex, difficult and baffling.

In our congested tenement districts this problem is most pressing for it is there that the disease—tuberculosis—and poverty, combined and singly, are found most frequently. According to conservative estimates there are over 30,000 cases of tuberculosis in the tenements of New York City. When people, huddled together, mingle freely with germ-spreading tuberculous men, women and children, who are either ignorant of their condition or careless; and when these well people at the same time are subject to the same inimical influence of tenement housing and living conditions that were responsible for the disease in their own or their neighbor's family, it is not surprising that the tenements are great breeding places of tuberculosis and the poverty that results therefrom.

In dark, dirty, unventilated, overcrowded rooms lives many a family, of which one or both parents have consumption. Frequently several of the children also are tuberculous and all are inevitably predisposed to the disease. Not infrequently the consumptive mother is nursing an ill-fated babe. In the germ-charged atmosphere, incipient tuberculosis is developing, unrecognized and unchecked. The infected, absolutely unsegregated

*The Department of Health of the City of New York reports 8,601 deaths from pulmonary tuberculosis during the year 1913; that 22,671 new cases were registered that year and that 31,212 cases of tuberculosis were carried over from the preceding year.

in this close-knit family life, and opposed to separation from their loved ones, constitute a deadly menace to their family and neighbors. Other physical ailments abound.

The home itself is in disorder, the family in partial or utter dependency. Formerly self-respecting and independent, they have now lost the hope and often the capacity for self-support. Standards of living and of morals have either deteriorated or utterly vanished. This description is literally true of hundreds of families among the tenement poor.

To relieve these conditions various agencies are at work. Among these, and attaining a valuable measure of success, are the dispensary with its clinic and visiting nurses, who in most instances co-operate with relief agencies; the preventorium for the treatment of children over four years of age and predisposed to tuberculosis; the sanatorium for the cure of incipient patients; and the hospital for the segregation and care of advanced cases. These agencies, excepting in part the dispensary, treat the patient apart from his home, are concerned with the individual rather than with the family as a unit, and deal almost entirely with the physical rather than with the social and economic needs.

But tuberculosis is not merely a human disease. It is a social disorder, and the real problem is not alone the patient, but the family and the conditions under which they live. For consumption is a house disease and the logical way to combat it is to attack the fundamental, predisposing cause, namely, the home and working conditions. As these were basic in causing the disease, so their correction is vital to the permanent cure of the patient and to the future welfare of his family. To treat the social ills, therefore, is quite as important as to cure the disease, for without social rehabilitation the disease is most liable to recur in the patient and to continue in his family.

Based upon such convictions as these the Home Hospital experiment was established by the Association on March 18, 1912, for the combined treatment of tuberculosis and poverty among the tenement poor of New York City. More specifically, the object sought is to demonstrate by a three-year experiment that if sanitary housing with ample sunshine and fresh air, adequate relief, including good and abundant nourishment, free-

TAKING THE REST CURE



PATIENTS SPEND DAYS AND EVENINGS ON THE ROOF OF THE HOME HOSPITAL.



NOT EVEN WINTER WEATHER KEEPS THEM INDOORS.

dom from undue work and worry, reasonable segregation, skilful medical care and constant nursing supervision be provided, it is possible :

1. To prevent the spread of tuberculosis from the sick to the well members of the family and particularly to protect the children from infection ;
2. To cure many who are in the early stages of the disease ;
3. To secure improved health and larger earning capacity to patients whose cases are moderately advanced ; and
4. To complete, at least in instances, the rehabilitation of the family, physically, economically and socially.

In this there is no intent or desire to supplant, or to provide a substitute for these other much-needed agencies, but rather to supplement their noble work, in a field that is still far too large for any and all adequately to compass, by proving the feasibility of effective treatment for "hundreds now on waiting lists and for thousands now spreading contagion in dark, dirty tenements."

THE EXPERIMENT

The Home Hospital, ideally located at 78th Street and John Jay Park, occupies two entire sections of the East River Homes. One section was opened March 18, 1912, when the experiment was established, the second one was leased last year and was occupied on November 24. Two open staircases lead to the forty-eight apartments, consisting of from two to four rooms each, including one or more bed-chambers with open-air sleeping balconies. From a sanitary standpoint these apartments far excel the most exclusive apartments in New York City. No expense has been spared to provide a maximum amount of sunlight and ventilation for each room. Even the windows, extending from ceiling to floor, are arranged in three sashes, so that when open two-thirds of the space is unobstructed. On the roof is a spacious solarium, with hedges of privet and geraniums. A part of this solarium is reserved for the patients. Here in reclining chairs they take the cure. Another part of the roof is a children's playground, where there is no premium on fresh air and sunshine. There they play and make merry, remote from the danger of infection. Still another part of the roof is occupied by a fresh-air school.

Four of the apartments are used for administrative purposes. Two comprise the office and clinic. A third apartment on the top floor has been equipped as a general kitchen and dining-room. The diet kitchen is also used for a class-room, where cooking lessons are given to mothers and the relative values of foodstuffs explained.

In selecting families to participate in this experiment, preference has been given: 1st, to families in which both poverty and tuberculosis are more or less incipient; 2nd, to families believed to possess sufficient intelligence to co-operate in the experiment; 3rd, to families in which dependency is due to tuberculosis of the

wage-earner; and 4th, to families in which tuberculosis of the mother renders it inadvisable to keep the home together under ordinary circumstances; in general, to poor families of any nationality and religion made or kept dependent by tuberculosis and in which there is a reasonable hope of restoring the patient to health and at least partial earning capacity.

It is to be noted that treatment is provided in this way for children too young to be admitted to preventoria, for patients unwilling or unable to leave their families, and especially for the largest and, because of its irresponsibility, most dangerous class of sufferers, namely, *the more or less chronic second stage*, but able-to-be-about cases, almost entirely unprovided for by other institutions.

The selection of families is made in the following manner: A relief visitor of the Association visits and carefully investigates the home conditions, and if she decides that the family is suitable, all members report to the Home Hospital Clinic for examination. If the case is one which gives fair promise of being cured in a reasonable length of time, or even of such improvement as to restore partial earning capacity of the patient, the family is admitted. It will be readily seen by examining the cases in the appendix that the selection of patients has not been confined to *favorable early-stage cases*.

Before a family is admitted its members understand definitely just what will be expected of them, and what they in turn may expect from the Association. All able-bodied members, for example, must work and account to the hospital for the expenditure of their incomes. Intemperance is not tolerated. All instruction and advice must be faithfully followed, and supervision of the home by the resident staff and attending physicians must be permitted. On the other hand, the Association supplies or supplements in each family everything that is necessary for the maintenance of the normal standard of living and for the medical treatment of the patients.

SUPERVISION AND INSTRUCTION

As its name implies, one of the purposes of the Hospital is to preserve the home. Therefore, so far as possible, each family is permitted and helped to live a normal home life. Everything, however, that relates to the welfare of the patient and the family is closely supervised by the hospital staff. Many of the families before coming to the hospital lived in dark and squalid tenements, strangers to comforts, conveniences and in some cases even the decencies of life. Having been accustomed to sleep in inside bedrooms, to bathe in water carried in small quantities with difficulty from three flights below, perchance to share a common drinking cup, they come with little and in some instances no knowledge of sanitation, personal hygiene and the precautions necessary to prevent the spread of tuberculosis. Painstaking, patient instruction becomes, therefore, a first necessity before these families are prepared for healthful living at the Home Hospital.

To each family on admission is given careful and oft-repeated instruction in precautions necessary to prevent the spread of consumption to the well members. Individual toilet articles are given to each member of the family and all necessary furniture, clothing and household supplies are provided. Countless minor details in respect to prophylaxis and sanitation of the home are carefully explained, and particular emphasis is laid on the value of fresh air and personal hygiene as preventives not only of tuberculosis but also of other diseases.

To care for the patients and to supervise and educate both the sick and the well members of the families, the Association has a staff of fourteen persons at the hospital. This consists of a superintendent, a medical director, an attending physician, two nurses, a nurses' helper, a mothers' helper, two clerks, a cook and four cleaners. The medical director acts in an advisory

capacity and is the only unsalaried member of the staff. The services rendered by the attending physician are described elsewhere in this report. The two clerks keep the social and economic records of the families and do the other necessary clerical work. The mothers' helper bathes the children in the families in which the mothers are the patients or are temporarily incapacitated for some other reason. She also makes them ready for school and does other light household work. The four cleaners do the washing and other heavy household work in the homes where the mothers are patients. The cook devotes her entire time to the diet kitchen.

Although the family unit is preserved, the patient is so closely supervised as practically to prevent infecting the well members of the household. Each adult patient has a separate room and his individual dishes are sterilized. There is strict insistence upon such precautions as refraining from kissing and protecting the mouth when coughing.

Special classes are held weekly at which the mothers and older girls receive instruction in food values, the preparation of food, and in sewing. These classes are much needed as many of the women have absolutely no knowledge of the value of proper preparation of food stuffs. Sewing and mending are also almost unknown to them. Some have never even sewed a button on their clothing. Naturally, such mothers as these are quite proud when for the first time they have cooked an appetizing dish or made a pair of rompers for baby.

The nursing staff visits each family daily. While chatting with the patient or some member of the family the nurse has an opportunity to observe wherein a particular family has failed to follow instructions and to call attention to the omissions. Sometimes only a suggestion is needed. At other times it is necessary to speak plainly and forcibly. One of the families last year seemed to be most anxious to do everything that the nurses required. Casual inspections of the windows of the apartment in which they were living always showed the two bedroom windows open, but the nurse on visiting the home invariably found the whole family sitting in the kitchen with every door and window closed. Remonstrance always brought the reply, "but the bed-

room windows are open!" It was days before that family learned the kitchen windows must also be open, and that the tuberculous father must not use his own fork or spoon to serve the children at meal time.

Windows are carefully inspected every night during the winter months. If any is found closed the apartment is visited and the family is instructed to open it. As a rule, however, it is not difficult to teach the people to live in the open air.

Rarely do the families object to the supervision to which they are subjected. Indeed, they usually welcome visits to their homes and when once they have learned just what is expected of them at least most of them try to fulfill the Home Hospital requirements.

METHODS OF TREATMENT

The medical regime adopted is that of the best sanatoria and hospitals. All positive and suspected cases are examined every six weeks, healthy children every three months, and healthy adults every six months. The results of each examination are recorded on a separate chart. After each examination the patient is advised as to his condition, and is given instructions accordingly. If the patient has active symptoms, with cough, sputum, elevation of pulse and temperature, etc., he is ordered to remain in bed. He sleeps out of doors on the balcony, is carefully fed, and isolated as far as possible from the well members of the family. The children are not allowed in the patient's bed-chamber or in close contact with him. The family is encouraged to spend the day on the roof, and to return to the apartments only to eat and sleep.

With improvement, the patient spends the day on the roof, reclining in a steamer chair. Extra nourishment is given him at 10 A. M., at 3 P. M., and just before retiring. Arrested cases are at first allowed to do light work for a few hours each day, care being taken that the temperature, pulse, weight, and physical signs and symptoms remain satisfactory.

A daily morning and afternoon temperature and pulse record is kept of all positive and suspected cases. Each week sputum examinations are made and weights are recorded. Each patient is provided with a notebook, in which answers to the following questions are entered daily:

How many hours sleep?
How many sections window open at night?
Head or feet to open window?
Amount cough, sweat, or expectoration (during both
day and night?)
Hour of arising?
Morning tub?

Cold water to chest?
 Breakfast menu?
 Morning temperature?
 Hour started for roof?
 Dinner menu?
 Hour returning from the roof?
 Nourishment at 10 A. M.
 Temperature at 3 P. M.?
 Supper menu?
 Nourishment at 9 P. M.?
 Hour of retiring?
 Amount exercise or work during day?
 Amount of sleep during day?
 Chills, day or night?
 Total hours spent in the open during day?
 Total amount of milk and eggs during day?
 Condition of bowels?
 Gain or loss in weight each weighing day?
 Amount of earnings, if any?
 General remarks?

The records, besides being extremely interesting, keep always before the patient the essentials of the cure, and there has gradually developed a friendly rivalry among the patients, for each desires to excel in improvement. The hygienic-dietetic form of treatment has been followed. No special drugs have been employed. Tuberculin was administered in suitable cases during the second year of the experiment.

The attending physician visits and holds clinics at the hospital on Monday, Wednesday, Friday, and Saturday of each week. One evening each month he meets all the patients in class conference. These gatherings are informal, the patients being encouraged to discuss their condition and ask questions. The first meetings are devoted chiefly to talks on etiology, prophylaxis, and treatment of tuberculosis. Great stress is laid on how to prevent infecting others. The salient features of the treatment, viz., plenty of fresh air, sunshine, good food, rest and freedom from worry, and hearty co-operation with their medical advisers are strongly emphasized. It is astonishing how readily the patients grasp these cardinal points. At each meeting, patients who have not gained are chosen as typical for discussion. After reviewing the daily program of these persons the class



REST PERIOD AT THE OPEN AIR SCHOOL ON THE ROOF OF THE HOME HOSPITAL.



"THE PALE AND PUNY, WITH SUNKEN EYES AND FORLORN EXPRESSIONS, HAVE CHANGED TO WHOLESOME, BRIGHT-EYED, HAPPY BOYS AND GIRLS."

promptly explains why the patient in question has not gained. These informal talks are of great educational value, and the dissemination of the principles of correct living among neighborhood families is already evidenced by the frequent visits to the clinic of these mothers living near by. The patients or members of their families have told them how they should live "to be healthy," and they come for further guidance.

At the same time that the patients are being treated for tuberculosis, the other members of the family are treated for any physical defects they may have. They are also taught how to live properly and how to preserve their health. To the mothers instruction is given regularly in cooking, sewing, nursing, care and feeding of infants, personal cleanliness, hygiene and sanitation. The children attend regularly a fresh air school on the roof.

The schedule of this is similar to that in the best open air schools. The session begins at 9 A. M. At 10 A. M. hot milk, broth or gruel is served. At 12 o'clock the children eat a hot lunch and then have a recess until 1 P. M. Following this is a forty-five minute rest period during which they recline on cots in the open air. Before dismissal at 3 o'clock extra nourishment is again provided.

As the patients improve, they are encouraged to work on tasks proportioned to their increasing strength, and are thus prepared for a return to normal activity and to complete resumption of family responsibility. When the family is about to be discharged, the securing of employment and a sanitary home complete the care provided.

The advantages claimed for this method are: (1) the directness of its attack upon the home conditions as a crucial, underlying cause of tuberculosis and its consequent poverty, (2) the readiness with which unsuspected, incipient cases may be detected and checked, (3) the exceptional opportunity it affords for adequate control of the disease and family, (4) its avoidance of the opposition, deterrent influence, worry and other hardships inevitably occasioned by the separation of the sick from the well members of the family, (5) its preservation of the integrity of the home, (6) its care of classes of patients who either could not or would not go to institutions, (7) its fostering an increase of

earning capacity in the wage-earner and a gradual return to normal conditions, (8) its provision against a return of either the patient or family to the inimical environment where the disease was contracted and is likely to recur, and (9) in its care not only for the physical but for the economic and social ills not merely of the patient but of the entire family.

Such a work aims at causes, seeks not only the cure of the individual but the protection of society, is concerned with the patient, his family and environment and deals with fundamental questions of ideals, of livelihood and of life.

MEDICAL RESULTS

The results obtained during the first year of the Home Hospital experiment were highly presumptive evidence of the medical practicability of treating combined poverty and tuberculosis in the home. The study of this most important sociological problem was undertaken with twenty-seven families, containing fifty-four patients and twenty-five suspects. Such marked success attended the work with this small group that on November 24, 1913, eighteen months after the establishment of the hospital, twenty-four apartments were added, thus doubling the capacity of the institution. Accordingly, during the past year we have been able to care for fifty-three families, containing 120 patients and sixty-four suspects. Of these families, seventeen were under care at the close of the first year of the experiment.

During the first year eleven families were discharged, six having been rehabilitated physically, socially and economically. The other five were dismissed for intemperance or refusal to co-operate. During the past year fourteen families were discharged, eleven having been restored to health and earning capacity. Three refused to follow advice and were dismissed.

The permanency of the cures since these families left the hospital has been equally as satisfactory as was the progress of the patients while under treatment. Only one of the nine positive cases and two suspects in the six families discharged as rehabilitated during the first year has relapsed. This relapse was due to overwork rather than to a disregard of hygienic precautions, the patient being one of the chronic relapsing types. This is his third relapse, the former two following sanitarium treatment. All other members of his family have gained steadily since discharge. Of the twenty-seven positive and eight suspect cases in the eleven rehabilitated families discharged during the second year, only one patient, an adolescent, has relapsed. The recurrence of the

disease in this patient resulted from poor food and late hours. She promptly gained after readmission and is now almost ready for discharge. Thus of a total of thirty-six positive patients and ten suspects discharged during the two years of the experiment, only two cases have relapsed. It is most gratifying to visit the homes of these discharged families and to find sanitary and prophylactic measures observed. The children continue to gain in health and strength and the mothers frequently express their gratitude for all the good and happiness the Home Hospital has brought them.

In no instance has a well member of a family developed symptoms of tuberculosis, either while at the Home Hospital or since discharge. This is convincing proof that, although the adult patient remains at home, there is little danger of infecting others if prophylactic measures are maintained. It also indicates that the degree of tuberculosis in any community, like the incidence of typhoid fever, is a fair index of that community's hygienic status. Teach people to live properly and tuberculosis will rapidly wane.

CLASSIFICATION AND PROGRESS OF PATIENTS

The following table shows the physical condition of the 315 individuals comprising the sixty-two families under care during the past two years:

PHYSICAL CONDITION OF PERSONS IN HOSPITALS

	PATIENTS		NON-PATIENTS	TOTALS
	POSITIVE	SUSPECTS		
Adults	72	4	36	112
Adolescents	4		8	12
Children	44	54	43	141
Infants	16	13	21	50
Totals	136	71	108	315*

*N. B.—Readmissions do not appear in these figures. Eight individuals comprise the families of the two readmitted patients.

Positive cases	
Adults	2
Non-Patients	
Adults	1
Children	4
Suspects	
Children	1
	<hr/>
	8
Total patients under care.....	207
Average number of individuals in family.....	6
Average number of patients in family.....	3.98

The complete report of each adult and child patient and suspect will be found in the appendix.*

THE ADULT PATIENTS

Inasmuch as some of our adult patients are of a somewhat different type from those treated at sanatoria, it has seemed wise to classify them under the following groups:

GROUP A: Cases with definite physical signs of pulmonary tuberculosis and with tubercle bacilli in their sputa.

GROUP B: Cases with definite physical signs of pulmonary tuberculosis, but without tubercle bacilli in their sputa.

GROUP C: Inactive cases with evidence of slight healed lesions.

GROUP D: Cases which have been in the hospital insufficient time to have their disease arrested.

GROUP A

(Definite physical signs of pulmonary tuberculosis with positive sputa)

CONDITION ON ADMISSION†		PRESENT CONDITION			
		Apparent-ly cured	Ar-rested	Im-proved	Not Im-proved
First stage active.....	1	0	1	0	0
First stage arrested....	1	0	0	1	0
Second stage active....	14	4	8	1	1
Second stage arrested..	2	1	0	0	1
Third stage active.....	3	0	0	2	1 died
Third stage arrested...	1	0	0	1	0
Totals	22	5	9	5	3

*See page 57.

†The terms first, second and third stages, correspond respectively with those of incipient, moderately advanced and far advanced cases of the nomenclature of the National Association for the Study and Prevention of Tuberculosis.

In the above table the one first stage active case was considered a suspect (adolescent) in the first year's report. She soon developed a rapidly advancing tuberculosis. After several months of treatment her disease became arrested. Her weight is now twelve and three-quarter pounds above that on admission.

The one first stage arrested case upon admission and tabulated as improved has been at the hospital only 138 days and is doing well.

Of the fourteen second stage active cases the one tabulated "not improved" was discharged as "arrested" in May, 1913. Disregarding advice, he overworked and relapsed, being readmitted in November, 1913. He is of the chronic relapsing type, having twice previously relapsed following sanatorium treatment.*

Of the eight cases whose disease became arrested under the Home Hospital treatment, two were discharged for failure to follow advice and direction.

Excluding these two dismissed cases, we have twelve second stage active cases of whom four, or 33 1/3%, have become apparently cured, while six, or 50%, have had their disease arrested. One who has been at the hospital 114 days is rapidly improving. Only one, who failed to follow advice after discharge, has not improved.

Of the two second stage arrested cases upon admission, one was dismissed for inebriety. The remaining one has become apparently cured.

Of the three third stage active cases, one died. Of the remaining two, one, who was admitted in a most critical condition, showed marked improvement, having gained eleven pounds in 288 days. Her disease was almost arrested when she had to be dismissed because of her husband's inebriety. The third case, a far advanced one, has gained eleven and a quarter pounds with marked constitutional improvement. Her condition was most unpromising upon admission.

The one third stage arrested case has been at the hospital only 114 days and has gained one and a quarter pounds.

The average gain in weight for each patient in Group A has been nine pounds during an average residence of 357 days.

*See F. S. in Appendix, Group A, Page 62.

Seven of these patients are men who have returned to full-time work.

GROUP B

(Definite signs of pulmonary tuberculosis with negative sputa)

CONDITION ON ADMISSION		PRESENT CONDITION			
		Apparent-ly cured	Ar-rested	Im-proved	Not Im-proved
First stage active.....	11	6	5	0	0
First stage arrested....	2	2	0	0	0
Second stage active....	12	7	2	2	1
Second stage arrested..	3	1	0	1	1
Totals	28	16	7	3	2

Of the eleven first stage active cases six, or 54.5%, have become apparently cured and five, or 45.5% have had their disease arrested. These five cases whose disease has been arrested have been at the hospital an average of only 135 days and yet have made an average gain in this short period of 9.2 pounds. One patient, about four weeks pregnant upon admission, was rapidly losing weight and raising blood-streaked sputum. During 115 days she has gained 11 and three-quarter pounds and has scarcely any cough or sputum.

The two first stage arrested cases have both become apparently cured (100%).

Of the twelve second stage active cases, the one tabulated "unimproved" was dismissed for failure to follow advice. Thus of eleven second stage active cases, seven, or 63.6% have become apparent cures. Of the two who have had their disease arrested, one has been at the hospital only 113 days and has gained three and one-quarter pounds; the other has gained ten and one-half pounds in 203 days.

Of the two tabulated as "improved," one has gained five and one-half pounds in 252 days, the other three and three-quarter pounds in 114 days.

Of the three second stage arrested cases, the one tabulated as "unimproved" was dismissed for habitual inebriety.

Thus of two cases who followed advice, one has become apparently cured, and the other has gained seven and one-half pounds in 114 days.

The average gain in weight for each patient in Group B. has been 10.54 pounds during an average residence of 310 days.

GROUP C
(Inactive cases—signs of slight healed lesions)

CONDITION ON ADMISSION		PRESENT CONDITION			
		Apparent-ly cured	Ar-rested	Im-proved	Not Im-proved
Healed apical lesion....	10	10	0	0	0
Old pleurisy	1	1	0	0	0
Totals	11	11	0	0	0

This group is a particularly interesting one. Prior to admission at least six of these patients became infected through the other adult member of the family. It is just this type of patient, with but slight healed lesions, who rapidly becomes an open case through environmental hardship. Up to the present time there has been no means of caring for such patients. In this respect the Home Hospital fills a unique and long felt want.

Two of the patients in this group have been dismissed for failure to follow advice. One died of an acute illness several months after discharge. All the rest are working full time and remain in good condition.

The average residence at the hospital of each patient has been 319 days and the average gain in weight 3.91 pounds.

GROUP D
(Under care but a few months—four have positive sputa)

CONDITION ON ADMISSION		PRESENT CONDITION	
		Improved	Not Improved
First stage active.....	3	3	0
First stage arrested....	2	2	0
Second stage active....	8	7	1
Second stage arrested..	2	2	0
Totals	15	14	1

The one case tabulated "not improved" remained at the hospital only eight days and was dismissed for failure to follow advice. Two others have just been admitted (one and two days residence) and will be disregarded in this summary. The remaining twelve have made an average gain of 5.27 pounds during an average residence of 50.9 days. One patient (first stage active) six months pregnant upon admission, was losing weight, due to

her advancing tuberculosis and complicating pregnancy. In ninety days she has gained twenty-two pounds, rarely coughs and her disease has become arrested.

The generous gains in weight of all these patients is convincing testimony of the efficacy of the Home Hospital method of treatment.

SUSPECTS

Four adults comprise this group. One case is no longer under care, having been dismissed for failure to follow instructions. The remaining three have been at the hospital only a short time and already show improvement. Their chest conditions remain satisfactory, showing no evidence of activity. These are probably very early cases of tuberculosis. If unrescued from their tenement environment they might fall an easy prey to the disease.

A composite of groups A and B would give the following:

CONDITION ON ADMISSION		PRESENT CONDITION			
		Apparent-ly cured	Ar-rested	Im-proved	Not Im-proved
First stage active.....	12	6	6	0	0
First stage arrested.....	3	2	0	1	0
Second stage active.....	26	11	10	3	2
Second stage arrested...	5	2	0	1	2
Third stage active.....	3	0	0	2	1 (died)
Third stage arrested....	1	0	0	1	0
Totals	50	21	16	8	5

Of the five cases tabulated "not improved," one died and one (F. S.) relapsed because of failure to follow advice after discharge. The remaining three were dismissed, two for inebriety and one for failure to follow instructions. Thus of the forty-five remaining patients, twenty-two of whom had positive sputa, twenty-one, or 46.6%, have become apparently cured, sixteen or 35.5%, have had their disease arrested and eight, or 17.7%, have become much improved. It is to be noted that several cases in these groups have been under care a comparatively short time due to the enlargement of the hospital.

Not a single patient who has followed advice has failed to improve.

In no instance has a well member of a family developed

symptoms of tuberculosis while a resident at the Home Hospital. This is highly presumptive evidence that with proper supervision of patients under hygienic surroundings, there is little danger of infecting others.

THE CHILDREN

The greatest good obtained is not the mere restoration of the adult member of the family to health and earning capacity. He has the disease and perchance may some day succumb to it, for it is well recognized that tuberculosis is a chronic relapsing disease. It is the children who are of vital importance. These frail, under-developed little ones, living in dark and squalid tenements, fall ready prey to infection. Our statistics prove that many of them contract the disease in infancy and early childhood. It would seem that the fundamental causes of the wide-spread prevalence of the disease among tenement children unquestionably are parental ignorance of hygiene and close contact with the infected members of the family. If we can give these children a good start in life, teach the mothers the proper hygiene of the home, and train the patient so to live as not to infect his children or other members of society, then we shall have struck a telling blow in preventing the spread of a plague which in the United States alone claims annually a death roll of about 200,000 individuals and costs the country a greater sum than the Civil War debt.

To-day's anaemic child of the tenement is the coughing, germ-spreading adult of to-morrow. Left unrescued in their inimical environment, many never reach maturity. The children have, therefore, claimed our special attention. Upon admission over 75% were underdeveloped, pale misfits—excellent candidates for the so-called latent or pre-tubercular class. During their residence at the hospital they are practically isolated from the infected adults and are given every hygienic advantage. They are well fed, receiving extra nourishment twice daily. They spend the entire day in the fresh air, and at night sleep in rooms with the windows wide open. The children of school age attend an open air school on an adjoining roof.

Realizing the great difficulty of diagnosing tuberculosis in children, and also the difference of opinions of pediatricians as

to what syndrome constitutes active pulmonary tuberculosis, we have adopted the expedient of classifying our suspected children under two groups:

GROUP A: Those under 12 years of age who present the following symptoms:

1. Under weight for age.
2. Constant or frequent cough.
3. Occasional or constant temperature of undiscov-
erable origin.
4. Rales (near one or both nipples) (constant or
inconstant), interscapular dulness.
5. Positive Von Pirquet reaction (under 4 years).

GROUP B: Those who are delicate and present some of the above symptoms and physical signs.

For purpose of description, we shall term those in Group A cases of probably active tuberculosis (pulmonary or bronchial glands), and classify them as patients. Those in Group B will be termed suspects.

According to this classification we find sixty patients and sixty-seven suspects among the 189 infant-children under care. In other words 31.7% of the children of tubercular parentage already have thoracic tuberculosis, and another 34.4% are excellent candidates for the disease. It is probable that a similar appalling percentage holds true in thousands of tenement children.

Most of the children presented pathological conditions* such as enlarged tonsils, adenoids, enlarged glands, dental caries, discharging ears, etc., which contributed to their poor physical condition. The treatment of enlarged tonsils and adenoids has proven most interesting. Many of the children are mouth breathers, have poorly developed chests and give a history of repeated colds, sore throats, nasal discharge, inflammation of the middle ear, etc. We believe this obstruction to the upper air passages is a vital predisposing cause of tubercular infection. Following the removal of the diseased tonsils and obstructing adenoid tissue, these children show remarkable improvement within a few months. They breathe naturally, their chests enlarge, they cease having colds and ear troubles, and gain in weight. One child recently operated upon gained seven pounds

*See page 111.

in ten days following the operation. Even the parents themselves, have noticed the marked improvement in the children and several have come to the office to ask when their children may have their tonsils and adenoids removed.

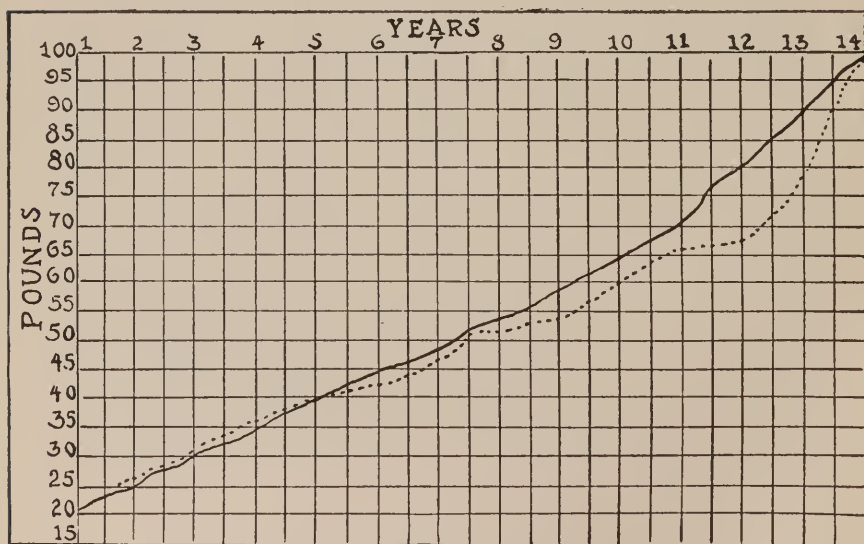
During the last two years ninety-two tonsillectomies and ninety-five adenoidectomies have been successfully performed at the hospital without a single complication.

Dental hygiene is likewise a most important consideration. There have been 595 visits to dental clinics. This work at dispensaries has been highly unsatisfactory and during the ensuing year we plan to have an attending dentist who will be responsible for the oral hygiene of the patients.

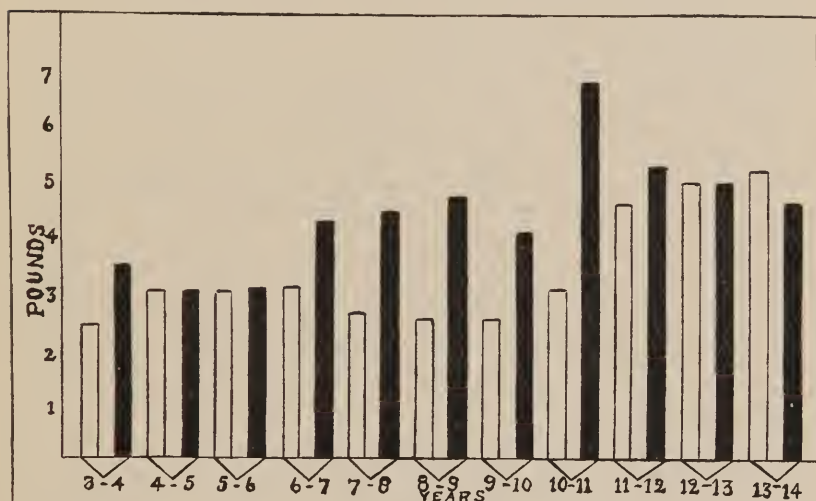
GAINS IN WEIGHT

The results obtained with the children have been so gratifying that we believe the experiment would be well worth while even had the adult cases shown no improvement.

A study of the weight charts of the positive and suspect children is most interesting. When admitted most of the children are under weight and underdeveloped. At the end of six months of treatment at the Home Hospital their gain in weight, according to their respective ages, not only equals that of a normal healthy child but in most cases is considerably in excess as shown in the following chart:



The next chart is a comparative study of the gain in weight according to age of healthy normal children and of those at the Home Hospital for a period of six months. The white columns represent the average gain in weight for a normal healthy child, and the black columns those of the patient and suspect children under our care. It will be noted that the underdeveloped children have made a gain not only comparable to but considerably in excess of that of healthy children so that at the end of six months many have reached a weight normal for their age.



COMPARATIVE WEIGHT CHART*

White columns represent the average gain in weight in six months of a healthy normal child, ages three to fourteen (Holt).

Black columns represent the gains of the children at the Home Hospital.

*The chart (black columns) is based on the following number of children according to respective ages:

AGES	No. CHILDREN	AGES	No. CHILDREN
3 to 4 years	11	9 to 10 years	10
4 to 5	13	10 to 11	7
5 to 6	11	11 to 12	6
6 to 7	11	12 to 13	5
7 to 8	13	13 to 14	5
8 to 9	9		

These generous gains in weight are but a mild index of the marked general improvement in the childrens appearance. The pale, puny types with sunken eyes and forlorn expressions soon after admission to the hospital change to wholesome, bright-eyed happy boys and girls.

CASES ILLUSTRATING EFFECTS OF TREATMENT

Marie W., a patient ten years of age, was a pale, underdeveloped, sickly mouth-breathing child. She had enlarged glands, large tonsils and adenoids, constant cough, temperature, signs in chest, and a strongly positive Von Pirquet reaction. After two months of preventorium treatment just prior to admission, she was still in wretched condition.

The child attended the open air school, had adenoids and tonsils removed, received extra nourishment and much dental attention and was provided with glasses.

During 228 days' treatment she has gained thirteen pounds and is a plump, rosy-cheeked, wholesome child; breathes with mouth closed, has no cough or temperature, lungs are clear and glands small.

Marie's sister, Katherine, 9 years, and her brother, John, 2½ years, both patients, when admitted, were likewise in very poor general condition, although Katherine had just returned from two months of preventorium treatment. Under the Home Hospital regime they have gained respectively eleven and five-eighths and seven and one-quarter pounds and are now the picture of health.

Alice B., a patient, eleven years of age, on admission was underdeveloped, frail and very anaemic, with deep circles under eyes, enlarged glands, large tonsils and adenoids, dental caries, and signs in chest. She also had a constant cough, a temperature (100.2°) and positive Von Pirquet reaction.

Alice attended the open air school, received a tonic, extra nourishment and much dental attention, and had adenoids and tonsils removed.

Although at the Home Hospital only 138 days her appearance has improved wonderfully. She has excellent color, good nasal breathing, only a slight cough and occasional temperature and has gained six and three-quarter pounds.

TREATMENT OF INFANTS

Of forty-eight infants under care, sixteen, or 33 1/3%, are considered patients and thirteen, or 27%, suspects. It is interesting to note that these percentages correspond closely with those

of the children patients and suspects. These high percentages of patient and suspect infants are conclusive evidence of how early in life these children become infected with tuberculosis. As an illustration, two infants, each four months old, gave strongly positive Von Pirquet reaction in twenty-four hours.

The improvement of the infants quite rivaled that of the children. The babies are placed in cribs on the roof, where during the summer there is always a cool breeze. Careful formula feeding, good nursing, "patience and hope" have had their reward. Each week has brought results.

The average gain in weight for the infant patients has been 3.78 pounds in 180 days, average residence and the suspect infants have gained an average of 3.4 pounds in a similar time.

One marasmic infant, Kathleen C., weighed six pounds and fifteen ounces at nine months. Her normal weight at this age should have been 17.5 pounds. This baby had been at a good city hospital and the mother was told it could not live. Shortly after admission to the Home Hospital the infant gained one pound and seven ounces in one week and has continued to gain at the rate of nine and three-quarter ounces a week.

The excellent results obtained with the infants and children indicate, we believe, the real value of the experiment. These children of to-day are but the adults of to-morrow. Left unrescued in their tenement environment, many would have succumbed to the disease or would have reached maturity as weaklings, their health undermined with tuberculosis and a menace and burden to society as their parents now are.

TWO "CONTROL" EXPERIMENTS

In order that the results of the experiment may have greater weight and be truly comparable with other forms of treatment, two "controls" have been in progress. One of these experimental groups consists of twenty tenement families under good dispensary supervision. The patients regularly visit the dispensary, are examined, treated, medicated, and given advice, and their homes visited by the district nurse. The second "control" group consists of a like number of families, the patients in which have been sent to sanatoria or hospitals. The remaining members are cared

for at home, visiting the clinics from time to time for examination.

These families, containing 212 individuals, have been systematically visited and examined during the past two years by the Home Hospital staff. Three patients of these two groups have died and three more are rapidly progressive. Some of the children are in poor condition. Present indications are that at the end of another year a comparative study of these groups with the Home Hospital families will demonstrate the great advantages of the Home Hospital method of treatment.

MEDICAL RESULTS OF TWO YEARS

A summary of the medical results during the first two years of the experiment shows that seventeen families have been rehabilitated physically, and that eight others have been dismissed either for frequent intoxication or persistent refusal to follow advice and direction. The results obtained with the adult cases compare very favorably with those of the leading sanatoria, 46.6% having been apparently cured, 35.5% having had their disease arrested and 17.7% having been much improved. Every patient who has followed advice with the exception of one, a far advanced case who died 198 days after admission, has improved. To complete the success not one well member of any family has shown symptoms of the disease.

FROM WHINES TO SMILES IN TWELVE WEEKS



Kathleen's parents and sisters,
all tuberculous.



As "Chubby" looked when admitted to the
Hospital. Weight 7 pounds, 10
pounds under normal.



"Chubby" twelve weeks later. Weight 14 pounds, an
average gain of nearly 10 ounces a week.

FAMILY EARNING POWER INCREASED .

To treat tuberculosis and to prevent the spread of infection in the family is only a part of the Home Hospital plan. Every family which has entered the hospital during the last two years was forced into poverty by the disease, some being partially dependent, others wholly destitute. To treat the social ills, therefore, has been quite as important as to cure the disease, for without rehabilitation the family would continue to live an abnormal life, economically and socially, and consequently the disease would be more liable to recur.

The Home Hospital seeks to round out the family life by raising the social standards of every member and developing the earning powers of those who are physically fit and old enough to work. In addition to being a hospital it is a school. While the patient is treated for tuberculosis, both he and the other members of the family are taught to live decently and to develop their earning powers, so that by the time the disease is cured the family is equipped to resume its normal place in society.

If the family were broken up and temporarily cared for in institutions, or if the patient were sent to a hospital or sanatorium and the well members remained at home, the period of social and economic rehabilitation would have to be postponed, if it occurred at all, until either the home had been re-established or all members were reunited.

Each of the eleven families discharged as rehabilitated last year had when it entered the hospital an average income of \$6.34 a week. Five were absolutely destitute and another, earning \$18.00 a week, whose occupation was very detrimental to the health of the wage-earner, at the request of the Home Hospital staff, sought and secured more suitable but less remunerative employment. Another family whose income on admission was

\$10.25 a week had its earnings cut off entirely after a few weeks residence at the hospital, as the husband, who was a patient, was put on the rest cure and not permitted to work. The husband and wife in still another family were working when the family moved to the hospital. Soon the husband was put on the rest cure and the income was reduced from \$17.00 to \$7.00 a week. When discharged the average income of each of these eleven families was \$10.75.

On admission to the hospital the average income of each of the seventeen families discharged as rehabilitated during the two years of the experiment was \$6.37 a week. When these were discharged the average weekly earnings per family were \$12.41. In other words, the average income of each was doubled. The following table gives the income on admission of each family either discharged or dismissed during the last two years and the earnings of each when it left the hospital.

FAMILIES DISCHARGED AS REHABILITATED 1912-13

	<i>Weekly Earnings on Admission.</i>	<i>Weekly Earnings when Discharged.</i>
K.—	\$4.50	\$16.50
Sa.—	6.00	12.00
G.—		16.00
St.—	7.50	17.00
W.—	10.00	14.00
Se.—	10.50	12.50
Total	\$38.50	\$88.00
Average	6.42	14.67

FAMILIES DISCHARGED AS REHABILITATED 1913-14

	<i>Weekly Earnings on Admission.</i>	<i>Weekly Earnings when Discharged.</i>
R.—		\$9.50
C.—		6.50
W.—		4.00
S.—		12.00
Se.—	*\$18.00	14.00
O'K.—		10.00
P.—	10.00	10.00
G.—	10.00	10.00
Ga.—	10.25	15.00
F.—	4.50	15.00
D.—	17.00	17.00
Total	\$69.75	\$123.00
Average	6.34	11.17

*Gave up unsuitable occupation at request of Home Hospital.

DISCHARGED FOR INTEMPERANCE OR AS NOT AMENDABLE TO
ADVICE AND DIRECTION

1912-13

	<i>Weekly Earnings on Admission.</i>	<i>Weekly Earnings when Discharged.</i>
McG.—	\$6.00	\$17.50
D'A.—	6.00	12.00
F.—	2.50	2.50
L.—	4.50	20.00
O'G.—	6.50	17.00
Total	\$25.50	\$69.00
Average	5.10	13.80

1913-14

	<i>Weekly Earnings on Admission.</i>	<i>Weekly Earnings when Discharged.</i>
B.—	\$11.00	\$11.00
K.—	18.00	9.00
M.—		14.00
Total	\$29.00	\$34.00
Average	9.66	10.33

The following table gives the income of each family in residence at the close of the second year and at the time of admission:

UNDER CARE AT END OF YEAR

	<i>Weekly Earnings on Admission.</i>	<i>Weekly Earnings at End of Year.</i>
Wy.—	\$10.00	\$10.00
Co.—		13.00
R.—		12.00
Man.—		10.00
B.—		10.00
Giam.—	15.00	15.00
L.—	7.50	2.50
Be.—		10.00
Bo.—	5.00	5.00
M. L.—		8.00
C.—		
H.—		5.00
Cu.—		
Cl. J.—		12.00
Cl. P.—	15.00	15.00
D.—	15.00	15.00
Gu.—	9.00	9.00
S.—	12.50	12.50
M.—		
Cam.—	7.00	14.00

Li.—	.....	
St.—	.....	12.50	
Mo.—	.....		14.00
Fi.—	.....	
De G.—	.....	
Br.—	.....	
Re.—	.....	2.50	5.00
K.—	.....		5.00
Ko.—	.....		6.00
Me.—	.....	10.00	10.00
Car.—	.....	
Mi.—	.....	10.50	10.50
Je.—	.....	
Par.—	.....	
Miz.	.....	
Sa.—	.....	
Ill.—	.....	
Hen.—	.....	
El.—	.....	
Total	.....	\$131.50	\$228.50
Average	.....	3.37	5.86*

The experience of three typical families illustrates what the Home Hospital has done socially for those who have been discharged and what we hope to do for those now under care.

Before moving to the Home Hospital the P. family—husband, wife and four children—and a lodger lived in two sunless rooms in a rear tenement in Mott Street. The wall paper was torn and dirty, the plaster broken in many places and the floors rickety and filled with wide cracks. There was no hot water and the supply of cold water was very inadequate. The halls reeked with foul odors, which filled the rooms whenever the doors were opened.

The lodger and two of the children slept in the kitchen, the parents and the other two children in an inside bedroom, the entire floor space of which was occupied by a bed and a crib. The four children, from three to nine years of age, slept in two cribs, "a big one and a little one in one crib, and a big one and a little one in the other crib," as the mother aptly described the sleeping arrangements.

*This small increase is due to the installation of the second staircase late in the Fall of 1913. Most of the breadwinners in this new group were put on the rest cure, thus noticeably reducing the average income of all breadwinners.

When admitted to the Home Hospital the family moved into a sunny four room apartment with balconies and was supplied with much needed furniture, bedding and clothing.

During their residence Mrs. P. and three of the children were treated for tuberculosis. All of the children had tonsils and adenoids removed and received dental attention. One was provided with glasses. The two older children attended the open-air school. The father secured permanent work and the mother received instruction in personal hygiene, cooking, sewing and the care of her home and children.

Anyone who had known the family before it was admitted to the Home Hospital would not have recognized it when discharged. Mrs. P. had gained thirteen pounds, was apparently cured of tuberculosis and able to care intelligently for her family. The children were well and strong, having gained six, nine, ten and thirteen pounds respectively. None showed any definite signs of the disease.

At the present time this family is living in the East River Homes and all members are carefully observing all that they learned at the Home Hospital. All come to the office each week to be weighed.

The O'K. family when admitted was dependent upon charity except for \$2.00 a week that Mrs. O'K. earned in a laundry. The widowed mother and her three children were infected with the disease. Mrs. O'K. was melancholy and had given up all hope of ever being well again and able to care for her children. After a residence of a few months at the hospital the whole family showed marked improvement. Convinced at last that she could be cured, the woman began to take a new interest in life. All the children had tonsils and adenoids removed, the mother and two older children received much needed dental attention and Mrs. O'K. was also provided with glasses. Agnes was sent to the open-air school. To those who knew the mother before she went to the hospital it is a pleasure to see her now. She is bright, cheerful and happy and devoted to her work and family. As a nurses' helper she is earning \$45.00 a month and is providing adequately for her children.

Before admission the parents and three children of the F.

family, all tuberculosis, lived in three rooms which, during the rainy seasons, were constantly damp and musty. During the winter the wind whistled through the cracks and broken window panes, stuffed with old clothing, in a vain effort to keep out the cold. The rooms reeked with odor and were infested with vermin. All water had to be carried through a dark hall from three flights below. When the Association's visitor went to see the family she found them shivering with the cold, as they had very little clothing. The few pieces of furniture and dishes were badly broken. At night all slept huddled together in one bed with very little clothing to cover them. They were penniless and unable to work, tuberculosis having sapped their strength.

The family lived for a year in a sanitary three-room apartment at the Home Hospital. All were apparently cured during that time. The mother, who gained fifty-eight and a half pounds in weight, became an efficient homemaker. Grace, the twelve year old little drudge of the family, was relieved of her household responsibilities and sent to the open-air school. With tonsils and adenoids removed and other physical defects corrected she has developed into a bright and attractive child. The two other children were also sent to the open-air school and received much needed dental attention and had tonsils and adenoids removed. None showed any definite signs of tuberculosis at the end of the year. The father after having been apparently cured was able to resume his occupation as a barber and provide for his family, who now live in a comfortable home in the country.

Thus by restoring to health wage-earners and other members of dependent families and by teaching each properly to live and to manage a home efficiently, the Home Hospital has increased not only the earning powers of those admitted but also has raised the standard of living in each home. While the average increase in family income was a trifle less in the eleven families discharged last year than in the six who moved away during the first year, this decrease in the larger number was so small that it does not appreciably affect the general results. Undoubtedly the unsettled condition of the labor market last year had something to do with this decrease. The social and eco-

nostic results during the two years of the experiment strengthen our belief that completely to rehabilitate families either made dependent by tuberculosis, or whose physical breakdown has resulted from destitution, the treatment of the physical and social ills must be combined.

COST OF HOME HOSPITAL TREATMENT

DAYS' CARE:			
Adults—Non-patients.....	1912-13	1913-14	1912-14
Children—Non-patients.....	3734	6679	10413
	9334	8845	18179
Total Non-patients.....	13068	15524	28592
Adults—Patients.....	8869	11204	20073
Children—Patients.....	9568	22047	31615
Total Patients.....	18437	33251	51688
Total Days' Care.....	31505	48775	80280
COST:			
Chargeable Directly to Families.....			
Living Expenses.....	\$15,776.99	\$22,932.64	\$38,709.63
Administration and Supervision.....	0,553.40	8,906.29	15,513.69
Total	\$22,330.39	\$31,892.93	\$54,223.32
GENERAL:			
Rent (A).....	\$2,539.27	\$673.38	\$3,212.65
Miscellaneous (B).....	201.96	807.88	1,129.84
Capital Expenditures (C).....	1,577.08	1,790.07	3,367.15
Total	\$4,378.31	\$3,331.33	\$7,709.64
Expenditures by Home Hospital.....	\$26,708.70	\$35,244.26	\$61,932.96
	21,359.74	28,260.16	49,619.90
Total	\$5,348.96	\$6,964.10	\$12,313.06
EARNINGS:			
Per Family.....			
Per Individual.....	\$198.11	\$131.39	\$153.91
Per Actual Workers.....	39.62	25.79	30.41
Per Actual Worker Weekly.....	121.56	116.07	118.39
Per Actual Worker Weekly on Admission.....	3.65	4.49	4.086+
Per Actual Worker Weekly Now.....	3.44	4.68	4.16
(A) Rent not charged to families as it was incurred before opening or for vacancies during the year.....	7.00	5.69	6.24
(B) Includes Annual Report, conference expenses, etc.			
(C) Includes such items as furniture, equipment, etc., necessary for administration and for families.			

	Living Expenses			Administration & Supervision			Totals	
	1912-13	1913-14		1912-13	1913-14		1912-13	1913-14
Family	Day	Week	Year	Day	Week	Year	Day	Week
Average	\$2.50	17.50	912.50	2.392	16.74	873.08	3.54	24.78
Individual							1294.10	3.32
Average .....	.500	3.50	182.50	.470	3.29	171.55	708	4.57
Individual							258.42	238.34
Patient .....	.564	3.95	205.86	.479	3.35	174.83	772	4.63
Individual							281.78	241.63
Non-patient.	.411	2.87	150.01	.451	3.151	164.61	619	4.437
							225.93	231.40

COST OF CARE OF PATIENTS*

	1912-13			1913-14			Child Patient Average Age 6 Yrs.
	Male Patient Adult	Female Patient Adult	Child Patient Average Age 8 Yrs.	Male Patient Adult	Female Patient Adult	Child Patient Average Age 6 Yrs.	
Rent .....	.241	.241	.163	.252	.252	.127	
Food .....	.325	.260	.162	.292	.233	.146	
Clothing .....	.058	.040	.032	.068	.047	.037	
Fuel .....	.009	.009	.009	.010	.010	.010	
Lunch .....	.039	.031	.013	.028	.022	.010	
Dues .....	.013	.013	.013	.010	.010	.013	
Medicine .....	.016	.016	.016	.013	.013	.013	
Ice .....	.003	.003	.013	.002	.002	.008	
Carfare .....	.013	.013	.013	.008	.008	.011	
Household Supplies.....	.013	.013	.013	.011	.011	.018	
Miscellaneous .....	.019	.019	.019	.018	.018	.018	
	<u>.749</u>	<u>.658</u>	<u>.443</u>	<u>.712</u>	<u>.626</u>	<u>.382</u>	
16 male patients at	.749	.658	.443	.712	.626	.382	
22 female patients at	.658	.658	.443	.626	.626	.382	
41 children and infant patients at	.443	.443	.443	.382	.382	.382	
	<u>.79</u>	<u>.564</u>	<u>.446</u>	<u>.712</u>	<u>.626</u>	<u>.382</u>	
79 patients	.79	.564	.446	.712	.626	.382	
Average patient per diem.....	.564	.446	.446	.626	.479	.382	
Average non-patient per diem.....	.446	.446	.446	.479	.451	.382	

*Adult patients separate room, children share with others. Food basis of unit consumption and special nourishment. Clothing according to Chapin standard a family with \$1,000 income. Other things shared equally except lunch, which is divided equally among the patient wage earners in each family, woman expending but .8 amount of that expended by man—as per Chapin. No children wage earners. No lunch charged to them.

COST OF HOME TREATMENT

The whole story of the cost of treatment at the Home Hospital is told in the table on the preceding page. Sixty-four families have been admitted to the Hospital during the past two years. Twenty-seven families were treated during the first year, and fifty-three families during the second year. The average number of individuals per family was 5 during the first year, and 5.09 during the second year. The total days' care, including both patients and non-patients, during the first year was 31,505, and during the second year, 48,775. The per diem cost per family during the first year was \$3.54; during the second year it was \$3.32. Similarly, the per capita per diem cost (patients and non-patients) was 7.08 cents the first year, and 65.3 cents during the second year. Exclusive of administration, the per capita per diem cost during the first year was 50 cents; and during the second year, 47 cents.

It is found impracticable completely to separate the cost of caring for patients and non-patients in the accounting of the institution. A very detailed and, we believe, a very accurate estimate of the cost of care of patients as distinguished from non-patients has, however, been made. This was done by distributing each of the items of expense on a basis of known differences in the cost of caring for patients and non-patients. This estimate is based on the fact that each adult patient is allowed a separate room and is charged accordingly for it in the rent item. Children patients share their rooms with the rest of the family. The distribution of the food item is made on the basis of the Chapin unit of consumption and special nourishment allowed to patients. The clothing is distributed according to the Chapin standard of a fami-

ly with \$1,000 income. Other items are shared equally, except the item for lunch which was divided equally among the patient wage earners in each family, the women expending but eight-tenths of the amount expended by the men—as per Chapin. During the year 1912-13, the average cost per diem per male adult patient, exclusive of supervision and administration, was 74.9 cents; for female adult patients, 65.8 cents; and for child patients, 44.3 cents. The average cost per patient, regardless of age or sex, was 56.4 cents per diem. During the year 1913-14, this average cost was 47.9 cents per diem per patient. If we include administration and supervision, the per capita cost per patient for 1912-13 was 77.2 cents, and during the year 1913-14, 66.2 cents. This per capita per diem cost of caring for patients in the Home Hospital, it will be observed, is exceptionally low as compared with that of any existing sanatorium or hospital.

The total cost of the care of all the families in the Home Hospital during the two years has been \$61,932.96. Living expenses made up over \$38,000 of this; administration and supervision \$15,000; and general expenses, chargeable to neither, made up the balance. Of this total expense \$12,313.06 was contributed by the earnings of families receiving care, making a total expenditure by the Home Hospital of \$49,619.90.

By doubling the capacity of the Home Hospital the Association last year was able to reduce the cost of supervision and administration. Distributed equally among all members in the Hospital, the sick and the well, the per capita cost of this service in 1912-13 amounted to 20.8 cents a day. Charging this cost to the patients only, the average cost per patient was 35 cents a day. As more families were cared for last year and the staff and overhead charges were not increased materially, the daily per capita cost of administration and supervision, distributed equally among all persons, amounted to only .183 cent a day. The total expense of supervision and administration, if charged to the patients only, would amount to only .269 cent a day.

Our experience has demonstrated that the non-patients require as much care as the patients, that the children demand fully as much attention as the adults, hence the cost of supervision and administration should be pro-rated by individual.

Below is an itemized statement of the amounts, distribution and percentages of the living expenses of the families in the hospital during the years 1912-14:

LIVING EXPENSES OF FAMILIES AT HOME HOSPITAL

	Average Daily Expense Per Family.		Per Cent.	
	1912-13	1913-14	1912-13	1913-14
Rent	\$0.846*	\$0.792*	33.9*	33.16*
Food .....	.927	.929	37.1	38.9
Clothing .....	.201	.233	8.0	9.75
Fuel .....	.045	.050	1.8	2.09
Lunch .....	.089	.051	3.6	2.13
Dues .....	.068	.055	2.7	2.30
Medical and Surgical Sup- plies .....	.079†	.071†	3.2†	2.97†
Ice .....	.017	.012	.6	.50
Carfare .....	.065	.045	2.6	1.88
House Supplies.....	.065	.056	2.6	2.34
Miscellaneous .....	.097	.094	3.9	3.93
Totals.....	\$2.499	\$2.388	100.0	99.95

*Includes expense of heat and light.

†Includes expense of paper napkins, sputum boxes and all medical and surgical supplies.

As shown by the above table living expense of the twenty-seven families under care at the Home Hospital during the year 1912-13 amounted to \$2.499 a day. The average daily living expense of the fifty-three families under care during the year 1913-14 was \$2.38 or nine cents less than the cost in the year 1912-13.

A diet kitchen has been opened in order that properly cooked meals may be sent to the homes in which the mother is too ill to prepare them. Later it seemed advisable to have certain patients—usually children with poor appetites—come directly to the diet kitchen dining room to eat under the immediate supervision of a nurse. The results obtained were most gratifying as their weight charts soon showed. Incidentally both children and adult patients were instructed in table etiquette. The nourishment for the open air school classes is also prepared in this kitchen so that it is a valuable adjunct to the Home Hospital activities.

By increasing the capacity of the Home Hospital there was a noticeable reduction in the cost of meals served in the diet kitchen. During the first of the experiment from October 1,

1912 to March 18, 1913, an average of 305 individual meals or 172.2 unit meals from a varied dietary, were served every week from the diet kitchen under the supervision of a graduate nurse. The total number of persons served was 6,690 which, according to the scale used by the United States Department of Agriculture (Farmers' Bulletin 142) is the equivalent of 4,150.1 units.

The average cost of the diet kitchen per week, including overhead charges, was \$27.56. Of this amount \$15.13 was spent for food. The average cost of food alone per meal per unit or per male adult was \$.087. Including the expense of supervision, rent, fuel, etc., the diet kitchen provided meals at an average cost of \$.16 per unit or per male adult.

Last year, March 18, 1913, to March 18, 1914, a weekly average of 530.7 individual meals or 334.4 unit meals from a dietary similar to that used in 1912-13 were served from this diet kitchen under the supervision of a graduate nurse. The total number of persons served was 885 adults and 18,744 children, which is the equivalent of 17,393 units.

The average cost of the diet kitchen per week including all overhead charges was \$40.52. Of this amount \$28.57 was spent for food. The average cost of food alone per unit or per adult male was \$.085, a slight decrease from that of the previous year. Including the expense of supervision, rent, fuel, etc., the kitchen has provided meals at an average cost of \$.12 per unit, or per male adult, a reduction of \$.04 over the cost in 1912-13.

COMPARATIVE COST OF HOME HOSPITAL AND INSTITUTIONAL TREATMENT

For the purpose of comparing the cost of Home Hospital treatment with that of institutional care, we have ascertained the average weekly cost of caring for families living in the Home Hospital and have compared this amount with the estimated average weekly cost of caring for the sick in a hospital or sanatorium plus the relief of the well members of these families either in their homes or in institutions. The families selected are typical of those relief agencies are usually called upon to aid, viz: (1) Both parents (chief wage-earners) and usually one or more children afflicted. (2) The father (principal wage-earner) and perhaps one or more of the children having tuberculosis. (3) The mother (housekeeper) and probably one or more of the children tuberculous.

In making the study for this report we have again used the same families that were selected for a similar study for the 1912-13 report, as all were under care at the hospital for several months last year. It has been necessary for us, however, in comparing for the last two years the cost of the two methods of treatment this year to reduce in some instances and to increase in others the expense of institutional care, as the per capita cost has changed since 1912-13. We too, have had to take into consideration the reduced cost of living per family at the hospital last year, also the reduction in the per capita cost of administration and supervision. Two of the families were moved during the year to larger apartments and, therefore, paid more rent than they did during the previous year. This accounts for the increase in the item of rent in the budget of these families in this report.

We have assumed that a relief agency having the family in its care would send patients afflicted with incipient tuberculosis

to such a sanatorium as Ray Brook or Otisville, where the weekly cost for the last two years has been \$8.96 and \$9.52 respectively. More advanced cases would be sent to some hospital such as the municipal institution at Riverside, or to Seton or St. Joseph's. It is very difficult to get the exact cost of maintenance of patients at institutions of this kind. While the city pays eighty cents a day for each dependent patient it sends to Seton and St. Joseph's, the actual cost of maintenance is much more if allowance is made for administration and supervision, which must be taken into consideration if a true comparison is to be obtained. The National Association for the Study and Prevention of Tuberculosis ascertained in 1912 that the average per capita cost of maintenance of twenty-five second stage advanced case hospitals in New York, Philadelphia, Boston and Chicago was at that time \$1.49 a day. The average per capita cost of seventeen tuberculosis institutions in New York State, according to a table* compiled last year by the State Charities Aid Association, is \$1.40 a day. In 1912 the average per capita cost of nineteen New York State institutions was \$1.56 a day. We have, therefore, conservatively estimated that the average cost of maintenance of an advanced stage patient in an institution is now \$1.40 a day, or \$9.80 a week. The weekly per capita cost of \$2.75 for children over two years of age and \$3.15 for children under two years of age are the rates the City of New York now allows orphan asylums for the care of those committed by its Department of Charities. At the time our first report was published the city was paying orphan asylums only \$2.25 and \$2.35. It would be very difficult to get hospital care for babies suffering from tuberculosis. The Metropolitan Hospital admits such cases, and the per capita cost of maintenance is \$1.02 a day. This has been increased from eighty-eight cents since our first report. Preventorium care at Farmingdale for children from four to fourteen years of age costs the City of New York eighty cents a day. We have, therefore, allowed the amounts at present paid by the city to orphan asylums as a conservative basis for the comparisons in this report.

In computing the cost of administration and supervision for the families at the Home Hospital we have distributed the entire amount among all the members equally, the sick and the well.

*See page III.

This amounts to \$.183 a day per person. We believe that this is the only fair method. Those who are not afflicted with tuberculosis have received much medical supervision.* Besides this much attention has been given to the well members to prevent the spread of infection in each family. It is obvious, therefore, that all persons participating in the experiment should share the expense of administration. If, however, the cost of administration and supervision were charged to the patients only, the per capita cost per patient would amount to \$.269 a day.

In the following tables showing the cost of institutional care we have used the figures furnished us by the city officials and institutions as the per capita cost of caring for patients last year.

A Family of the First Type.—The G—— family is a good example of the first type. If institutional care had been provided the family would have been cared for as follows: The father (a moderately advanced case) would have been sent to a hospital and the mother (an incipient case) to Ray Brook. Until the recovery of the parents the children would have been cared for in an orphan asylum. In this family group is a complication which under ordinary circumstances would receive no special attention. William, two and one-half years old, a suspect, is too young to send to a preventorium and certainly he is unfit to mingle with healthy children in an orphan asylum. The Home Hospital ideally solves this problem. The following gives the average weekly cost of the family in institutions and the average amount it has cost to keep all the members in the Home Hospital for one week:

PLAN I—ENTIRE FAMILY IN INSTITUTIONS

	<i>Age.</i>	<i>Health.</i>	<i>Weekly per capita.</i>	<i>Institution.</i>
Joseph (father)....	34 yrs.	Tuberculous	\$9.80	Hospital.
Margaret (mother)	32 "	"	8.96	Ray Brook.
Joseph.....	10 "	"	2.75	Orphan Asylum.
John	6 "	"	2.75	" "
Eleanor.....	4 "	"	2.75	" "
William.....	2½ yrs.	Suspect	2.75	" "
Helen	14 mos.	"	3.15	" "

Total cost of family per week in institutions.\$32.91

Shown in the tables on page III.

THE PROBLEM

Eighteen of the Twenty-six Members of These Four Families are Tuberculous. The Bread-winner in Every Home is a Patient.



Four members tuberculous; father and three children.



Father and three children have the disease.



Father permanently incapacitated by injury. Mother (bread-winner) and three children tuberculous.



Every member of this family, including the father, is tuberculous. Source of infection; wife's mother.

PLAN 2—ALL IN HOME HOSPITAL

	<i>Weekly per Family.</i>
Rent	\$7.00*
Food	8.15
Clothing	1.26
Fuel .....	.44
Lunch .....	.48
Dues .....	.74
Medical .....	.49
Ice .....	.10
Carefare .....	.059
House Supplies .....	.37
Supervision and administration.....	8.967

Total cost per family per week in Home Hospital...\$28.056

In the Home Hospital the weekly expense has been \$28.056. If the home had been broken up and the members sent to institutions the weekly cost would have been \$32.91. The weekly saving under the Home Hospital plan, therefore, has been \$4.854. To keep the family in institutions for a year would cost \$252.40 more than in the Home Hospital. Consideration must be given to the fact that this patient was able to do light work much sooner than if he had been in a regular hospital, for at the Home Hospital he was earning something while still under all the supervision that was necessary after his convalescence had progressed somewhat. After being on partial rest cure for six months, he began to work part time, earning an average of \$6 a week for two months. For eleven months prior to the family's discharge from the hospital, the husband worked full time, earning an average of \$12 a week. It must also be remembered that the relief given to the entire family is much more adequate than that usually given by a relief agency, and that the treatment is comparable with that of the best sanatoria.

Tuberculous families falling in the second class, where the father and one or more of the children have the disease, are far more numerous among those aided by relief agencies than the afflicted families in either the first or third class. There are three possible plans of treatment for a family in the second class, viz: (1) The family broken up, man and all children except one sent to institutions, mother at work and supporting herself and

*Heat and light included.

the one child with her; (2) man in hospital or sanatorium, family at home supported by a relief agency; (3) entire family in Home Hospital.

The B—— family is typical of this group. Here is what it would cost to keep this family under plans 1 and 2, and what it has cost to keep them in the Home Hospital.

PLAN 1.—ALL EXCEPT MOTHER AND ONE CHILD IN INSTITUTIONS

	<i>Age.</i>	<i>Health</i>	<i>Institution.</i>	<i>Cost.</i>
James (father)...	30	Tuberculous	Hospital	\$9.80 per wk.
Isabella (mother)...	29		At Work	
John.....	4	Suspect	Preventorium	5.60 " "
James	3	"	Orphan Asylum	2.75 " "
Joseph.....	2	Tuberculous	Hospital	7.15 " "
Helen.....	4 mos.		(With mother)	

Total weekly cost of institutional care, mother supporting herself and one child.....\$25.30

PLAN 2—FAMILY AT HOME AND PATIENTS IN INSTITUTIONS

Man's care	\$9.80
Joseph's care	7.15
John's care	5.60

Family's Care.

Food	3.15
Rent	2.00
Fuel .....	.50
Light .....	.25
Clothing	1.40
Incidentals .....	.50

Total weekly cost\$30.35

PLAN 3—ENTIRE FAMILY IN HOME HOSPITAL

Rent	\$6.00*
Food	5.78
Clothing	2.39
Fuel .....	.42
Lunch .....	.20
Dues .....	.31
Medical .....	.51
Ice .....	.10
Carfare .....	.30
House Supplies .....	.36
Miscellaneous	1.01
Supervision and administration.....	7.686

Total cost in Home Hospital.....\$25.066

*Light and heat included in rental.

It is more difficult with this type of family than with the other two to compare the merits of the three plans of treatment in relation to the cost of each. The estimated cost of caring for all except the mother and one child in institutions is \$25.30 a week. The cost of keeping the well members at home and the sick members in institutions is estimated to be \$30.35. The actual cost of caring for the entire family in the Home Hospital was \$25.066. The cost of the Home Hospital plan is, therefore, twenty-three cents a week cheaper than that under Plan 1, and \$5.284 less a week than under Plan 2.

One child, James, who is thought to be infected with tuberculosis, is too young to be sent to a preventorium. In an orphan asylum he probably would be a source of danger to the other children. While at home with his mother he would require nursing supervision, the expense of which the relief agency would have to pay.

In Plan 1 we have assumed that the mother can work in a place where she can keep Helen with her. Her earnings would pay their board and lodging and about \$3.00 a week additional, which would just defray necessary expenses. The budget for the family in Plan 2 is based on the amounts the Bureau of Relief and Rehabilitation of the Association ordinarily would allow a dependent family of the same size.

It should be noted that in the cost of treatment under the second plan nothing is charged for the expense of supervision, which the relief agency would have to give through one of its trained visitors and one of its visiting nurses. This expense is included in the cost of treatment under the Home Hospital plan.

The advantages of the Home Hospital plan of treatment over either of the other two are many. If the mother were left to support herself and one child while the father and three children were in institutions, no attempt could be made to rehabilitate the family socially or to put them on their feet again until the family had been reunited. Undoubtedly the relief agency would have had to supplement the family income for some time after the home had been re-established, or at least until the husband had been able to find suitable work. If the well members of

the family were left at home the father and one child sent to tuberculosis hospitals and the boy to a preventorium, the economic rehabilitation would be delayed until after the father secured work that he could do.

With the entire family living a normal home life in the Home Hospital, all of the untoward conditions that must necessarily exist under either of the other two plans of treatment are eliminated. The family is being rehabilitated physically, socially and economically at the same time, so that by the time the patients are cured the family can take its place in society again and lead a normal life. The mother is kept with the children where she should be, the husband begins to contribute toward the support of the family as soon as he is able and without having to wait until the entire period of convalescence has passed, and during the temporary misfortune the family standards have not deteriorated, but in many instances have been raised, but usually not beyond the family's own possibilities. Under Plans 1 and 2 there is always the element of uncertainty, while under the Home Hospital plan all members of the family are certain of decent living conditions and instructions that will benefit them in the future.

A family in the third class, in which the mother and one or more of the children have tuberculosis, must either be broken up and all except the father sent to institutions, or all cared for under some such plan of treatment as the Home Hospital offers. In the S—— family four of the six members of the family have tuberculosis, the father and one son being the only ones in health. If institutional care had been provided, the mother and baby would have been sent to hospitals, two girls to a preventorium, and the boy to an orphan asylum. The father would have been able to support himself and pay for the baby's hospital care. The cost of institutional care and the average weekly expenses of this family at the Home Hospital are as follows:

PLAN 1—ENTIRE FAMILY EXCEPT FATHER IN INSTITUTIONS

	<i>Age.</i>	<i>Health.</i>	<i>Weekly per capita.</i>	<i>Institution.</i>
Frederick (father)...	40 yrs.			
Blanche (mother)...	29 "	Tuberculous	\$9.80 wk.	Hospital.
Edgar.....	10 "		2.75 "	Orphan Asylum.
Ruth.....	7 "	Incipient	5.60 "	Preventorium.
Geraldine.....	4 "	"	5.60 "	"
Dorothy.....	2 "	"	7.15 "	Hospital
Total cost in institutions.....			\$30.90	
Less part of father's earnings.....			7.15	
Net cost, less part of father's earnings....			\$23.75	

PLAN 2—IN HOME HOSPITAL

Rent	\$8.00*
Food	7.89
Clothing	2.39
Fuel .....	.47
Lunch .....	.49
Dues .....	.46
Medical and Surgical .....	.55
Ice .....	.10
House Supplies	1.12
Carfare .....	.38
Miscellaneous	1.07
Administration and Supervision.....	7.686
<hr/>	
Total cost to Home Hospital.....	\$30.61
Less father's earnings	13.00
Net cost in Home Hospital.....	17.61

The average weekly expense of this family during the second year of residence at the Home Hospital was \$17.61. It would have cost \$23.75 a week to keep the four patients and the well boy in institutions, the father supporting himself and paying for the hospital care of the baby. The Home Hospital treatment, with all its extra advantage to the social well being of the family, was \$6.14 a week cheaper. The saving in the year would be \$319.28.

The economy of the Home Hospital method over institutional care may be established in another way that will indicate a saving quite as striking as that in the individual family.

Assuming that adults, adolescents and children over five years of age who are classed as positive cases of tuberculosis,

*Light and heat included in rental.

were sent to hospitals where the weekly cost of treatment for the last two years has averaged \$10.02*; that children under five years of age were sent to the Metropolitan Hospital where the weekly per capita cost of maintenance averaged \$6.65*, or to some similar institution; that the cost of sanatorium treatment of adults and adolescents is no greater than that at Ray Brook, \$8.96 per week, and that children from four to fourteen years of age suffering from incipient tuberculosis were sent to preventoria where the weekly per capita cost is \$5.60—the total expense for the institutional care of the eighty adult and adolescent patients and the 127 children patients who have been at the Home Hospital during the last two years would be \$118,995.76, itemized as follows:

COST OF INSTITUTIONAL CARE

24 adults, positive cases, hospital care (\$10.02 per week)	\$240.48
41 adults and 4 adolescents, incipient cases, sanatorium treatment (Ray Brook) (\$8.96 per week)	403.20
2 infants (under 2 years) suspects, hospital care (\$6.65½ per week)	13.31
87 children 4-14 years, preventorium treatment (\$5.60 per week)	487.20
Total weekly cost	\$1,144.19
Total cost for two years	\$118,995.76

That the cost of treating these same patients at the Home Hospital for two years, based on the average weekly per capita cost for that period, charging the entire expense of supervision and administration (1) to the patients themselves would amount only to \$96,447.52, or (2) if distributed among all the members of the family would be further reduced to \$83,294.64 is apparent from the following table:

*As the per capita cost of caring for patients in institutions changed during the two years and as the living expenses and cost of supervision and administration at the Home Hospital were higher during the first year of the experiment than last year, we have averaged the cost for the two years. For example, in the first Report we estimated that the weekly cost for hospital care per patient was \$10.25. Last year the average daily per capita cost of seventeen institutions in New York State was reduced to \$1.40. This caused us this year to reduce our estimate to \$9.80 a week. We have, therefore, allowed \$10.02 as the estimated weekly per capita cost in hospitals for the two years.

COST OF HOME HOSPITAL

	<i>Weekly Expense Charged to Patients.</i>	<i>Weekly Expense Distributed Among Family.</i>
30 male patients (\$7.273* per wk.)	\$218.19	(\$6.475* per wk.)...\$194.25
36 adult and 3 adolescent female patients (\$6.667* per wk.)	260.01	(\$5.859* per wk.)... 228.501
89 children, including positive cases and suspects (average age 8 years) (\$5.047* per wk.)	449.183	(\$4.249* per wk.)... 378.16
Total weekly cost	\$927.38	\$800.91
Total cost for two years	\$96,447.52	\$83,294.64

Thus it will be seen that for the same period of time and the same number and classes of patients the cost of institutional care would be \$22,548.24 more than the cost of the Home Hospital method, when under the latter the entire expense of administration and supervision is charged to the patients only, or \$35,701.12 more if this charge be distributed equally among all members of the families who have received care.

In the number of patients given above are not counted the eleven cases of adults classified as inactive under Group C†. These would probably have been treated at dispensaries. It is a well known fact that such persons rarely heed advice and frequently suffer relapse due to their own neglect. We have also omitted thirty-eight children ranging in age from five months to three and a half years who are classified as suspects and positive cases. These would not be eligible for hospital care and would probably be sent to an orphan asylum.

Thus by comparing the actual cost of caring for tuberculous families in the Home Hospital for the year with the estimated cost of institutional care, the expense of the former method is found to be less. The total cost of treatment and maintenance of the patients at the Home Hospital during the two years has been less than the estimated cost of caring for the same persons in institutions. Therefore, the economy of the new method is apparently well established.

*Average weekly cost for two years.

†See page 24.

APPENDIX.

MEDICAL STATISTICS ADULT PATIENTS—CLASS "A"

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RELIGION	AGE ON ADMISSION	DATE OF ADMISSION	NO. DAYS IN H.H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN WT	REMARKS
Family consists of Frank and Lizzie R., aged respectively 26 and 22 yrs., and child 17 mos. (All patients.)	F. R.	U. S. Prot. Episco. pal.	26 yrs.	Mar. 20, '12.	198	Third stage active; antrum 10 cm. in diameter. Extensive infiltr. both chests.	+	Progressively worse. Max. temp. on admission 100°. Range of pulse 120-104. Max. t. 6 mos. after admission 100.6°. Range of pulse 140-118.	Rest cure 150 days.	Deceased.	..	Family admitted as wife and child, both patients, seemed suitable cases.
John and Katherine K., aged 42 and 43 yrs., and 4 children, aged respectively 16, 12, 9 and 7 yrs.	J. K.	U. S. R. C.	43 yrs.	Dec. 7, '12.	225	Second stage active. Cough 2 yrs. Much sputum. Right upper dulness, râles, & bron. voice. Left apex dulness & râles.	+	Progressive improvement. Max. temp. on admission 99.2°. Range of pulse 96-68.	Rest cure prescribed but not followed. Extra nourishment; tonic.	Arrested. Negative sputum.	Lost ½ lb.	Patient would have gained and shown greater improvement except for family troubles. Woman pregnant upon admission. Utterly disregarded advice and lost 25¼ lbs. Children all showed marked improvement. Getrude 16 yrs., gained 4½ lbs. Edward 12 yrs., gained 8½ lbs. Adenoids and tonsils removed. Loretta 9 yrs. gained 3¾ lbs. Tonsils and adenoids removed; dentistry. Margaret 7 yrs., 1½ lbs. Baby born Feb. 24; puny, premature child (6 lbs.); had no rectum; operated upon at Home Hospital 30 hours after delivery. New rectal canal established. Baby made perfect recovery from operation. Death 56 hrs. later. Autopsy revealed cause of death to be congenital pyloric stenosis.

ADULT PATIENTS—CLASS "A"—(Continued)

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RESIDENCE	AGE ON ADMISSION	DATE OF ADMISSION	No. DAYS IN H. H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
Family consists of Fred and Blanche S., aged 40 and 28 yrs., and 4 children, aged respectively 10, 6, 3 yrs., and 8 mos.	B. S.	U. S. R. C.	28 yrs.	May 17, '12.	671	Second stage active. Cough much (sputum copious), 6 mos. hemopt. Dulness & râles right upper lobe & left apex, anterior & posterior.	+	Improvement. Max. temp. on adm. 101°. Range of pulse 108-96. Max. temp. past 2 mos. 99.6°. Range of pulse 96-72.	Rest cure and partial rest. Extra nourishment. Tonics; dentistry.	Arrested. Sputum occasionally positive.	23 lbs.	Patient was reported as apparently cured in last year's report. Has disobeyed advice, has had self induced gynecological complication that caused her relapse. Is now steadily improving. Husband has lost 2½ lbs. Is working very hard. Edgar 11 yrs., has gained 18¼ lbs. Dentistry: glasses; adenoids and tonsils removed; open air school. Ruth 7 yrs., has gained 16¼ lbs. Adenoids and tonsils removed; open air school; dentistry. Geraldine 4 yrs., has gained 17¼ lbs.; adenoids and tonsils removed. Dorothy 2 yrs., has gained 18¼ lbs. despite loss from mastoid operation. Was considered hopeless when admitted.
Family consists of James and Isabelle B., aged 28 and 29 yrs., and 4 children, aged respectively 3 yrs., 2 yrs., 4 mos., and 1 yr. later at H. H.	J. B.	Scot. R. C.	29 yrs.	4-11-12	707	Second stage active. One yr. cough & loss of weight. Dulness rt. apex; râles ant. & post.	+	Progressive improvement. Max. temp. on admis. 98.6°. Range of pulse 100-72. Temp., pulse and respiration normal for several months.	Rest cure 47 days. Full time work past year.	Apparently cured. Sputum negative; no cough; dulness same; no râles; general condition excellent.	5½ lbs.	Has done exceedingly well. Earning capacity on admission O. During past year \$40 per month. Wife has gained 9½ lbs.; has had much dentistry (false teeth provided). Children have all shown great improvement. John 5 yrs. (suspect) has gained 8½ lbs.; tonsils and adenoids removed; circumcision. James, 4 yrs., (suspect) 9 mos. in hospital recovering

from severe burns; plastic operation and circumcision. Has gained 7½ lbs. Joseph, 2 yrs. (suspect) tonsils and adenoids removed; circumcision. Has gained 18¼ lbs. Isabella, 9 months, healthy normal baby, no evidence of tuberculosis.

Family consists of Martin and Mary, aged 25 and 35 yrs., and 2 children, aged respectively 9 and 8 yrs.	M. McG.	U. S. R. C.	35 yrs.	3-28-12	155	Second stage arrested; chr. process. Infl. & softening both upper and right middle lobes. History of many relapses.	+	Progressive improvement. Max. temp. on admis. p. 99.4°. Range of p. 104-76. Max. temp. past 2 mos. 98.6°. Range of p. 80-78.	Rest cure 39 days. Worked, 116 days.	Disease arrested. Rapid improvement. General condition excellent. Dulness same; few râles. Cough slight. Sputum scant.	6 lbs.	Patient's earning capacity was \$8.25 per week on admission and \$17.50 on discharge. Discharged August 28, '12. "Not amenable to advice and direction." Eight mos. after discharge from H. H. patient is working and looking well. Children 9 and 8 yrs.; suspects; gained ½ and 1¾ lbs. Refused tonsillectomy.
Michael and Frances D., aged 36 and 34 yrs., and 3 children, aged respectively 12, 10 and 5 yrs.	M. D.	Irish R. C.	36 yrs.	12-11-12	463	Second stage arrested. Cough moderate for 2 yrs. Sputum bloody. Right upper dullness with moist râles; scant. sono. sib. râles.	+	Progressive improvement. Max. temp. on admis. p. 98.2°. Range of p. 92-80. Past year pulse and temp. normal.	Rest cure. Working a year.	Apparently cured. Cough very slight; sputum occasionally; 13 mos. No negative râles.	10½ lbs.	Patient markedly improved by H. H. treatment. Sick for years before admission; filthy habits; undoubtedly a public menace. Wife healthy. Mary 14 yrs. (suspect), tonsils and adenoids removed; much dentistry; gained 8½ lbs. Nora 11 yrs. (suspect), tonsils and adenoids removed; dentistry; gained 9½ lbs. Michael 6 yrs. (patient), tonsils and adenoids removed; gained 5¼ lbs.
Andrew and Mary C., aged 41 and 43 yrs., and 2 children, aged respectively 11 and 4 yrs.	A. C.	U. S. Prot.	41 yrs.	11-25-13	114	Third stage arrested. Cough & sputum moderate. General inflit. Left chest with antrum 4 c.m. inflit. R. apex.		Progressive improvement. Max. temp. on admis. p. 99.5°. Range of p. 100-76.	Working. Examination; nourishment; sleeps in open air.	Improved. Cough and sputum less. Sputum positive. Signs in chest same.	1¼ lbs.	Old sanitarium and hospital case. Tuberculosis for 15 yrs. Wife healthy; gained 2 lbs. Grace 10 yrs. (suspect) had tonsils and adenoids removed; lost ½ lb. (Recovering from operation.) Aurora 4 yrs. (pa-

ADULT PATIENTS—CLASS "A"—(Continued)

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RELIGION	AGE ON ADMISSION	DATE OF ADMISSION	No. DAYS IN H.H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
Andrew and Mary C. (Cont.)												tient), tonsils and adenoids removed; myringotomy. Lost $\frac{3}{4}$ lb. (recovering from operation.)
Amedeo and Erminia G., each aged 35 yrs., and 4 children, aged respectively 6, 4, 3 and $1\frac{1}{2}$ yrs.	E. G.	Italian R. C.	35 yrs.	10-15-13	155	Second stage active. Cough & sputum moderate. Fibrosis left apex & R. base. Infiltration R. apex & apex of left lower lobe. Pregnant.	+	Marked progressive improvement. Max. temp. 98.6° P. Range 112-76. Now normal.	Partial rest 155 days.	Arrested. Cough very slight; scant sputum; no rales; negative sputum for 3 months.	22 $\frac{1}{4}$ lbs.	This gain includes that of concomitant pregnancy. Despite this complication patient's general condition has markedly improved. Signs in chest have become inactive and sputum negative. Husband, a suspect, has gained 1 $\frac{1}{2}$ lbs. Car-mella 6 yrs. (suspect), has had adenoids and tonsils removed; gained 5 $\frac{1}{4}$ lbs. Maria 4 yrs. (patient), tonsils and adenoids removed; gained 3 lbs. Josephine 3 yrs. (suspect), adenoids and tonsils removed; gained 2 $\frac{3}{8}$ lbs. Dominick 1 $\frac{1}{2}$ yrs. (patient), gained 5 $\frac{3}{4}$ lbs.
Marion C. widow, 49 yrs., Winifred, 19 yrs., Helen, 6 yrs.	W. C.	U. S. R. C.	19 yrs.	4-5-13	348	Second stage active. Cough & sputum moderate. Infiltr. R. upper lobe & apex of R. lower. Cervical adenitis.	+	Progressive improvement. Max. tem. 99.6-100.2°. Range of p 112-72.	Rest, cure & partial rest cure.	Arrested. Cough and sputum less. Dulness R. V. lobe; dry rales. Sputum positive; cervical glands greatly subsided.	10 lbs.	Patient is of chronic relapsing type. Would be public menace if under dispensary control. Mother healthy. Gained 21 lbs. Helen, 6 yrs., gained 9 $\frac{1}{2}$ lbs.

Family consists of Joseph and Margaret G., 34 and 32 yrs., and children 10, 6, 4, 2½ and 1 yr., respectively.	J. C.	34 yrs.	8-10-12	573	Second stage active. Much Cough 1 year. Dulness, retraction, râles, right apex. Dulness left apex, anterior & posterior.	+	Progressive improvement. Max. temp. 98.2°. Range of p. 88-76. Fast year normal.	Rest cure partial rest cure. Working most of past year.	Apparently cured. No cough, no sputum. No râles in chest. Sputum negative for past year.	10 lbs.	Family discharged March 4, 1914, rehabilitated physically, socially and economically. Wife (patient)—see classification B, gained 12 lbs. Joseph 10 yrs., dentistry, glasses, gained 9¾ lbs. John, 6 yrs., dentistry; tonsils and adenoids removed; gained 9¾ lbs. William, 4 yrs. (suspect), gained 8¾ lbs. Eleanor, 4 yrs., tonsils and adenoids removed; gained 8¾ lbs. Helen, infant, gained 12½ lbs. and is a wholesome baby.
Family consists of William and Anne F., aged 46 and 42 yrs., and 2 children, 13½ yrs. and 11½ yrs.	W. F.	46 yrs.	4-11-12	108	Second stage arrested. Cough 6 mos. Sputum. Dulness over right apex post. Bronchovesic. Breathing right apex post. and apex right lower lobe.	+	Unimproved. Max. temp. on admission 99°. Range of p. 96-70. Max. temp. on discharge 99.4°. Range of p. 106-72.	Rest cure 108 days.	Disease active. Cough and sputum persist. Signs over same area with râles.	Lost 1½ lbs.	Patient did well for first 2 months and gained 4 lbs. Then began to drink heavily and lost 3 lbs. in 2 weeks, while disease became slightly active. Discharged for marked improvement. Wife sent to country for 1 week; also provided with glasses; gained 7½ lbs. Margaret (13½ yrs.), suspect, lost ¾ lb. Given glasses. Anne 11½ yrs., gained 6 lbs. then lost 2½ lbs. when father began drinking. After family left it developed that father took money, given for food, for drink, and children went hungry.
Patrick and Catherine O'G., each 31 yrs. of age, and 2 children, 1 and 4½ yrs., respectively.	C. O'G.	31 yrs.	4-22-12	288	Third stage active. Chills, fever, sweats, rapid loss of weight. Dulness, râles br. voice & breathing, right upper lobe; dulness, râles left upper	+	Marked progressive improvement. Max. temp. on adm. 103.2°. Range of p. 128-88. Max. temp. 2 mos. before discharge 100.4°. Range of p. 104-88.	Rest cure, in bed, 105 days; in bath air in balcony, in room, 111 in chair and bed on 183 days. Forced	Third stage active (mostly arrested).	11 lbs.	Patient did remarkably well. On admission temperature 103, pulse 128, respiration 40. Marked cyanosis. Patient seemed doomed. Incessant cough. Copious sputum. Put to bed and kept there. Marked improvement. On discharge only slight activity, slight

ADULT PATIENTS—CLASS "A"—(Continued)

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RELIGION	AGE ON AD-MISSION	DATE OF AD-MISSION	No DAYS IN H.H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN W'GHT	REMARKS
						& right middle; inflt. extensive; softening.			feedings (4 to 6 eggs and 2 qts. milk.)			temp., slight cough, moderate amount of sputum, good appetite; looks like different woman. Discharged because of inebriety of husband. Refused to go to hospital for completion of cure. Husband lost 5 lbs. Chronic alcoholic. Family was kept in H. H. in hope man would reform as wife made such marked improvement.
Family consists of Frederick and Annie S., aged 39 and 35 yrs., and 5 children, aged respectively 12, 10, 8, 5 and 2 yrs.	F. S.	U. S. Prot.	38 yrs.	3-19-12	480	Second stage active. Inflt. both upper lobes; fibrosis left base post.	+	Max. temp. on adm. 99.4°. P. 112-84. Patient showed progressive improvement and was discharged on May 8, 1913. Failed to follow advice and was readmitted second stage active Nov. 24, 1913.	Rest cure 90 days on first admission. Complete rest cure since readmission.	Second stage active. Moderate cough and sputum (positive). Gastro-intestinal complications. Chest signs same as on first admission. Considerable emphysema.	Lost 10 3/4 lbs.	Patient is a chronic relapsing type. Long history. Previous hospital and sanitarium treatment. Will probably not recover. Kept admitted for children's sake. Wife remains healthy. Mary 12 yrs., dentistry; has gained 11 1/2 lbs. Annie, 12 yrs. (suspect), dentistry; gained 16 lbs. Freddie, 10 yrs., dentistry; gained 11 lbs. Charles 6 yrs., much dentistry; tonsils and adenoids removed; gained 9 lbs. Lillie 4 yrs., gained 8 3/4 lbs.
Family consists of Patrick and Mary R., both aged 35, and 3 children, 6 yrs., 5 yrs., and 3 yrs., respectively.	P. R.	Irish. R. C.	35 yrs.	9-12-13	189	1st stage arrested. Infiltration right upper lobe; dry râles.	+	Progressive improvement. Max. temp. on admis. 99.6°. P. range 92-70. Pulse and temp. normal past 2 mos.	Working. Sleeping on open balcony. Extra nourishment.	Arrested. No râles. Cough slight. (Sputum +.)	5 lbs.	Patient feels much stronger and is gaining steadily though at work. Wife is healthy (pregnant). John, 6 yrs. (suspect), has had adenoids and tonsils removed; has gained 4 1/2 lbs.

ADULT PATIENTS—CLASS "A"—(Continued)

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RESIDENCE	AGE ON ADMISSION	DATE OF ADMISSION	NO. DAYS IN H.H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
John and Charlotte C. (Cont.)												Marie, 1½ yrs., mastoidectomy; tonsils and adenoids removed; gained 1 lb.
Family consists of Edward & Lillian M., aged 37 and 34 yrs., and 5 children aged respectively 11, 10, 8, 6 and 3 yrs.	E. M.	U. S. C.	37 yrs.	11-26-13	113	Second stage active. Cough 6 mos. Sputum moderate (+); very rapid loss of weight; infiltration left upper lobe, right apex & apex of left lower.	+	Marked progressive improvement. Max. temp. 100.6°. Range of pulse 108-72.	Complete rest 50 days; graded exercises 63.	Arrested. No sputum; practically no cough; no rales.	29¼ lbs.	This rapid gain in weight has been made despite a severe complicating malaria. On admission patient was very sick and seemed a bad risk. After 113 days looks and feels like new man. Wife (suspect) with gynecological complications has lost 1½ lbs. Lillian, 11 yrs. (suspect), tonsils and adenoids removed; dentistry; has gained 8½ lbs. Kathleen, 10 yrs. (patient), adenoids and tonsils removed; dentistry; has gained 3¼ lbs. Grace, 8 yrs. (suspect), bad cardiac case. Has gained 2¼ lbs. Edward, 6 yrs. (patient), tonsils and adenoids removed; has gained 1¼ lbs. Marie, 3 yrs. (patient), adenoids and tonsils removed; has gained 2½ lbs.
Josephine McL., widow, aged 36 yrs., and 5 children aged respectively 16, 13, 11, 7 and 4 yrs.	L. McL.	U. S. C.	16 yrs.	9-20-12	545	Incipient lesion rapidly advanced involving rt. upper lobe & left apex.	+	General improvement past 8 mos.	Complete rest cure 4 mos. Max. temp. 104.8°. R. of pulse 120-76. Graded exercises since.	Arrested. Slight cough and sputum (+); rales. dry; no temp. in 3 mos.	12¾ lbs.	See description of mother (Class B) and children.

Family consists of J. L. John and Louise L., aged respectively 38 and 31 yrs., and 3 children, 13, 10 and 8 yrs. respectively.	U. S. Prot.	38 yrs.	10-23-12	513	Second stage active. Much cough & much sputum 3 yrs. Sputum blood streaked. Dulciness and rales both apices, 1 bc. laryngitis.	+	Progressive improvement. Max. temp. on admis. 100°. Range of p. 92-70.	Rest P a r t i a l work. Tuberculin.	Arrested. Cough and sputum moderate. Sputum negative for 4 mos. Scant dry rales. Working part-time.	5¼ lbs.	Patient is chronic relapsing type and typical spreader of infection. Wife, 31 yrs., has gained 6¼ lbs. Eveline, 13 yrs., much dentistry; has gained 24¼ lbs. John, 10 yrs., dentistry; adenoids and tonsils removed; gained 10¾ lbs. Raymond, 8 yrs., dentistry; tonsils and adenoids removed; gained 11¾ lbs.
Family consists of Mary M., widow, 25 yrs., and child 4 yrs.	Austria. R. C.	25 yrs.	5-15-13	308	Third stage active. Much cough & sputum; moderate cyanosis. 1 bc. laryngitis (?). Gen'l inflit. left chest with antrum 6 cm. in L.L. lobe. Inflit. R. upper lobe.	+	Progressive improvement. Max. temp. on admis. 102.5°. Pulse range 116-72.	Complete rest cure 308 days.	Improved. Cough and sputum much less; only occasional slight temperature. Chest signs show less activity.	11¼ lbs.	Patient bad prognosis on admission. Family admitted on account of child who is a patient. Has had adenoids and tonsils removed and has gained 6¼ lbs. He is now in excellent condition.
Family consists of Joseph and Madeline P., aged 27 and 21 yrs., and 2 children 2 yrs. and 4 mos. respectively.	Italian. R. C.	27 yrs.	11-25-13	114	Second stage active. Inflit. both upper lobes & left lower. Old Fott's disease; asthma. Cough & sputum moderate, latter blood streaked.	+	Progressive improvement. Max. temp. on admis. p. 120-88.	Complete rest cure 114 days. Tuberculin.	Improved. Cough and sputum less; fewer rales. Past 2 mos. sputum negative.	2¾ lbs.	Patient discontented; troubled much with asthma. Wife, healthy; much dentistry; has gained 5 lbs. Joseph, 2 yrs., has gained 2 lbs. Jennie, 4 mos., has gained 4¾ lbs.

ADULT PATIENTS—CLASS "B"

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RESIDENCE	AGE AT ADMISSION	DATE OF ADMISSION	No. DAYS IN H.H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
Family consists of Angelina M., widow with 3 children aged respectively 8, 7 and 5 yrs.	A. M.	Italian. R. C.	42 yrs.	11-19-12	485	Second stage active. Cough. chills, sweats. Dull right apex; dullness with rales; 3-4 spaces, right ant.	—	Progressive improvement. Max. temp. on admission 99°. Range of p. 92-68.	Partial cure 89 days.	Apparently cured. Very slight cough; occasional sputum; no rales.	30½ lbs.	Excellent general condition. Rehospitalized. About to be discharged. Earning capacity on admission \$0; now \$40 per month. Matilda, 8 yrs. (suspect), adenoids and tonsils removed; dentistry; gained 4½ lbs. Nora, 7 yrs. (suspect), adenoids and tonsils removed; dentistry; gained 11 lbs. Rose, 5 yrs. (patient), adenoids and tonsils removed; gained 6 lbs.
Family consists of Rocco and Mary P., aged 50 yrs. and 30 yrs., and 5 children, aged respectively 10, 7, 4 and 2 yrs. (Child born 6 mos. after admission.)	M. P.	Italian. R. C.	31 yrs.	4-13-12	668	Second stage active. Cough; expectoration; dullness right apex; ant. & post.; dull post. to base. Left upper rales 2-3 spaces.	—	Progressive improvement. Max. temp. on admission 99°. Pulse range 92-72.	Partial cure 6 mos.	Apparently cured. No cough, no sputum, no rales in 14 mos.	12½ lbs.	Family discharged in Feb., 1914, rehabilitated physically, socially and economically. Present earning capacity \$10 per week. All members show remarkable improvement under H. H. treatment. Mother, though pregnant upon admission, and with active tb., was able to arrest her disease during her pregnancy; Rocco, 10 yrs., tonsils and adenoids removed; glasses; dentistry; gained 9¼ lbs. Angelina, 7 yrs. (patient), adenoids and tonsils removed; dentistry; gained 13 lbs. Salvatore, 4 yrs. (patient), adenoids and tonsils removed; circumcision; gained 6¼ lbs. Ellen, 2 yrs. (patient), adenoids and tonsils removed; myringotomy; gained 10 lbs. Tony, born at H. H., very marasmic type; died soon after birth.

Family consists of J. M. Josephine M., widow, and 5 children, aged respectively 15, 12, 10, 6, and 4 yrs.	U. S. R. C.	35 yrs.	9-20-12	546	First stage active. Cough 9 mos.; sputum moderate. Dulness & rales right apex.	—	Progressive improvement. Max. temp. on admis. 99.4°. Pulse range 92-12.	Partial cure dated a y s. Housework since.	rest 50	Apparently cured. No cough, no sputum, no temperature in 8 mos.	Lost 53 1/4 lbs.	Mother is in excellent physical condition except for gynecological complications. Family being kept at H. H. on account of adolescent daughter (see (Class A). Joseph, 13 yrs. (suspect), dentistry; endocarditis; has gained 15 3/4 lbs. Edward, 11 yrs. (suspect), dentistry; ring worm; gained 3 1/4 lbs. Frances, 8 yrs. (patient), dentistry; adenoids and tonsils removed; gained 10 lbs. Harry, 6 yrs. (patient), tonsils and adenoids removed; gained 8 lbs.
Family consists of John and Mary S., aged 36 and 34 yrs., and 4 children, aged respectively 9, 7, 5 and 3 yrs.	Ger. R. C.	36 yrs.	11-21-13	115	First stage arrested. Fibrosis R. apex. Discharged 3 mos. from sanitarium. Cough & loss of 10 lbs. since.	—	Progressive improvement. Max. temp. 98.6°. Pulse 100-60.	Working at times.	at	Apparently cured. Cough slight; sputum scant.	9 1/2 lbs.	Patient has done well but will have to be discharged (dipsomaniac). Wife healthy; gained 8 1/4 lbs. May, 9 yrs. (suspect), adenoids and tonsils removed; gained 1 lb. William, 7 yrs. (suspect), adenoids and tonsils removed; gained 2 lbs. George, 5 yrs. (patient), adenoids and tonsils removed; gained 2 lbs. Kathleen, 3 yrs. (patient), adenoids and tonsils removed; gained 3/4 lb. (just recovering from operation.)
Theresa C., single 19 yrs. (adolescent).	Ireland. R. C.	19 yrs.	10-19-12	316	First stage active. Cough much—2 yrs.; sputum slight. Dulness & rales right apex, ant. & post.	—	Progressive improvement. Up on first admis. Max. temp. 100°. Range of pulse 116-88. Discharged May 29, 1913. Readmitted Dec. 16, 1913. Max. t. 100.4°. Pulse range 100-80.	Rest cure 79 days. Partial rest cure 41 days. Then housework until discharge. Since readmission partial rest cure.	79	Apparently cured (Mar., 1913). Arrested March 19, 1914.	Lost 9 lbs.	Patient discharged apparently cured March 29, 1913. Failed to follow advice and direction. Readmitted as 1st stage (active) Dec. 16, 1913. Chest condition now arrested. Chief trouble at present is th. salpingitis.

ADULT PATIENTS—CLASS "B"—(Continued)

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RESIDENCE	AGE ON ADMISSION	DATE OF ADMISSION	NO. DAYS IN H.H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
Family consists of Lizzie K., aged 36 yrs., insane husband (committed), and 4 children aged respectively 18, 16, 13, and 9 yrs.	L. K.	Ireland. R. C.	36 yrs.	3-19-12	354	Second stage active. Cough almost incessant. Sputum copious. Sputum, right upper, left lower; many râles. Marked dulness.	—	Progressive improvement. Max. temp. on admission, 99.6°. Range of p. 104-62. Max. temp. past 2 mos. 98.8°. Range of p. 96-76.	Rest cure 205 days. Housework past 3 mos.	Apparently cured. General condition excellent; cough scant; much sputum; no bacilli. Slight dullness right upper; few dry râles; right base post.	6¼ lbs.	All children have done well; have gained respectively 1¼, 11½, 9½ and 6 lbs. Family earning capacity increased from \$4.50 per wk. on admission to \$16.50 on discharge. Rehabilitation complete.
Family consists of Eugene and Fannie G., each 24 yrs., old; and 2 children aged respectively 2½ yrs. and 5 mos.	E. G.	Russian. R. C.	25 yrs.	3-29-12	355	First stage active. Much cough & much sputum. Right apex dulness; retr. bronchitic breathing; incr. fremitus; no râles.	—	Progressive improvement. Max. temp. on admission, 99.4°. Range of p. 100-72. Max. temp. 2 mos. before discharge, 98.6°. Range of p. 88-72.	Rest cure 97 days. Working 227 days.	Disease apparently cured. Cough very slight; expectoration very slight. General condition excellent.	28 lbs.	Patient's income on admission O. Present, \$13.00. Bobbie, 3 yrs., patient, gained 5¼ lbs., and had tonsillectomy; Theodore, 5 mos. and suspect, gained 7¼ lbs.
Family consists of John and Virginia D., each 24 yrs. of age, and 1 child, 4 mos.	J. D.	Italy. R. C.	24½ yrs.	4-12-12	145	Second stage active. Right upper dull; many râles; left upper dull; no râles above clav., left lower post.	—	Condition unimproved. Max. temp. on admission, 98.8°. Range of p. 92-72. Max. temp. on discharge, 98.6°. Range of p. 88-74.	Did not follow orders. Took in boarders.	Unchanged upon discharge. Signs same.	Lost 4 lbs.	Patient not amenable to advice. Earning capacity upon admission O. Earning capacity upon discharge \$12 week.
Family consists of John and Mary L., aged 48 and 41 yrs., and 5 children, aged respectively 15, 12, 8, 6, and 3 yrs.	J. L.	Ireland. Prot.	48 yrs.	4-11-12	161	Second stage arrested. Cough 2 yrs. Dull right apex, ant. and post. Dull left apex. No râles.	—	Unimproved. Max. temp. on admission, 98.8°. Range of p. 96-76. Max. temp. on discharge, 98.4°. Range of p. 84-74.	None (never could be found).	Second stage arrested. Signs same. Inactive.	Lost 1½ lbs.	Patient, a wandering drunkard, absented himself for 87 days to test prison rest cure (Conn.). Lost 12 lbs. Upon return gained 9¼ lbs. in 9 days. Again disappeared. Family discharged as patient did not return for treatment.

Wm. and Louisa W., L. W. aged 34 and 27 yrs., infant of 3 mos.	U. S. Prot.	27 yrs.	7-13-12	242	First stage ac- tive. Cough moderate 7 mos. Sputum moder- ate. Right apex dull & rales, ant. & post.	—	Max. temp. adm. 99°. Range of p. 92-80. Max. temp. 2 mos. before disch. 98°. Range of p. 88-76.	Partial cure 218 days. Extra milk eggs.	rest 218 days. Extra milk and eggs.	Apparently cured. No cough or sputum. Slight dul- ness; no rales.	10¼ lbs.	Patient is markedly im- proved. Has had salva- san and neosalvarsan; als William (lucic) lost, 8½ lbs. soon after admission. After 2 injections of nec salvarsan gained 7½ lbs Present condition good Evelyn (baby), distinct syphilitic, puny, wail Weight on admission (3½ mos.) 5 lbs. 3 oz. Has gained 9 lbs. 6 oz. See classification of Children.
Family consists of Raphael and Jen- nie G., aged 45 and 40 yrs., and 5 children, aged re- spectively 14, 13, 8, 4 and 2 yrs.	J. G.	40 yrs.	4-3-13	349	First stage ac- tive. Inflit. L. apex; rales to 2nd rib; moder- ate cough & sputum.	—	Max. temp. 99°. Pulse range 96-64.	Partial cure 8 mos. House work since.	rest 8 mos. House work since.	Apparently cured. No rales; no cough or sputum.	15¼ lbs.	Patient in excellent condi- tion and ready for dis- charge. Husband healthy gained 10½ lbs. Daniel 14 yrs., dentistry; gained 9½ lbs. Gaetano, 13 yrs., suspect, dentistry, gained 4½ lbs. Emma, 8 yrs., pa- tient, adenoids and tonsils removed; gained 6¼ lbs. Olga, 4 yrs., patient, ade- noids and tonsils removed; gained 4¾ lbs. Ida, 2 yrs., patient, gained 4 lbs.
Family consists of widow, Annie, 28 yrs., and 3 child- ren, aged respec- tively 6, 4, and 1 yr.	A. O'K.	28 yrs.	4-2-12	554	Second stage ac- tive. Right apex, dull harsh breathing; scanty rales. Apex right lower lobe dull and rales. Left apex, dullness.	—	Progressive im- provement. Max. temp. on admis. 99°. Pulse range 100-72.	House work for 1 yr. Attendant at H. H. for past year.	Disease ap- parently cured. Dul- ness only; no rales.	10¼ lbs.	Patient a forlorn melancholy woman on admission. Now changed to a bright happy "worth-while" type. Past year has been staircase at- tendant. Earning capacity on admission 0. Now \$45.00 per month. Agnes, 6 yrs., suspect, adenoids and tonsils removed; den- tistry; gained 8 lbs. Florence, 4 yrs., adenoids and tonsils removed; den- tistry; gained 9¼ lbs. James, 1 yr., adenoids and tonsils removed; circum- cision; gained 12¾ lbs.	

ADULT PATIENTS—CLASS "B"—(Continued)

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND REGION	AGE ON ADMISSION	DATE OF ADMISSION	No DAYS IN H.H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN W ^{GT}	REMARKS
Family consists of Michael and Margaret C.; both 33 yrs., and 3 children, aged respectively 7, 2 yrs. and 9 mos.	M. C.	Irish. R. C.	33 yrs.	12-9-14	100	First stage active. Inflit. R. apex; rales to 2nd space. Cough & sputum moderate. Losing weight.	—	Progressive improvement. Max. temp. 98.6°. Pulse range 92-68.	Partial cure.	Arrested. Occasional rales above clavicle. Cough and sputum only occasionally.	7¼ lbs.	Patient had rectal complication causing loss of much blood. Hemorrhoidectomy at H. H. Since operation has rapidly improved.
(Wife of above.)	M. C.	Irish. R. C.	33 yrs.	12-9-14	100	First stage active. Inflit. L. U. lobe; rales to 2nd sp. Some fibrosis. Slight cough & expectation.	—	Progressive improvement. Max. temp. 99.4°. Pulse range 100-76.	Partial cure.	Arrested. No rales. Occasional sputum.	1¼ lbs.	Woman has shown marked general improvement since admission to H. H. Lillie, 7 yrs., patient, adenoids and tonsils removed; gained 1¼ lbs. Rose, 2 yrs. patient, adenoids and tonsils removed; gained 2½ lbs. Katherine, 9 mos., suspect, gained 6½ lbs.
Annie B. (wife of Patrick B. See Class A.)	A. B.	Irish. R. C.	41 yrs.	11-1-14	138	First stage active. Inflit. R. apex; rales to 1st space; slight cough & sputum.	—	Max. temp. 99.4°. Pulse range 92-72.	Partial cure.	Arrested. No rales. Occasional cough and sputum.	13½ lbs.	Patient probably contracted disease from husband just prior to admission. Patient has gained 13½ lbs despite pelvic complications.
Family consists of Sarah W., widow, aged 45 yrs., and 3 children, aged respectively 13, 9, and 5 yrs.	S. W.	Irish. Prot.	45 yrs.	4-8-12	477	Second stage active. Cough & expectation. Both upper lobes; dullness with many rales.	—	Progressive improvement. Max. temp. on admission. 98.4°. Range of p. 92-72.	Partial cure for 6 mos. Then household work.	Apparently discharged from H. H. 9 mos. ago.	5¾ lbs.	Patient has remained in good condition since discharge. John, 13 yrs., dentistry and glasses; gained 17½ lbs. Marion, 8 yrs. suspect, adenoids and tonsils removed; dentistry removed; gained 4¾ lbs. Charlotte, 5 yrs. suspect, adenoids and tonsils removed; dentistry; gained 6¼ lbs.

Nellie B., 30 yrs., widow, with 3 children, aged respectively 4, 5, and 3 yrs.	N. B.	Polish. R. C.	30 yrs.	10-16-12	519	Second stage arrested. Cough; much sputum; dulness, apices; no rales; pleurisy at right base.	—	Progressive improvement. Max. temp. on admis. 99.6°. Range of p. 100-72.	Rest cure 30 days. Partial rest cure 90 days. Since then full time work.	Apparently No cured. No rales; no cough; no sputum. Excellent general condition.	134 lbs.	Since discharge has become a staircase helper and has continued to gain. Earning capacity on admission. Present \$40.00 per month. Mary, 7 yrs., suspect, adenoids and tonsils removed; dentistry; gained 12½ lbs. Frances, 5 yrs., suspect, adenoids and tonsils removed; gained 9¼ lbs. Stephanie, 3 yrs., patient, adenoids and tonsils removed; gained 10½ lbs.
Salvatore and Josephine F., aged 43 and 33 yrs., and 3 children, aged respectively 12, 9 and 5 yrs.	J. F.	Italian. R. C.	23 yrs.	12-19-12	438	Second stage active. Cough 6 yrs. Sputum moderate. Right upper, dulness & rales; left upper, dulness & rales.	—	Progressive improvement. Max. temp. on admis. 100°. Range of p. 96-72.	Rest cure 59 days. Housework.	Apparently No cured. No cough, no sputum, no rales in 9 mos.	58½ lbs.	Marked general improvement. Looks like different woman. Grace, 12 yrs., patient, adenoids and tonsils removed; much dentistry; gained 11 lbs. Raymond, 9 yrs., patient, adenoids and tonsils removed; dentistry; gained 10¾ lbs. Michael, 5 yrs., patient, adenoids and tonsils removed; dentistry; gained 9½ lbs.
Joseph and Margaret G. (family described in Class A.)	M. G.	English. R. C.	31 yrs.	8-10-12	573	First stage active. Cough moderate—2 yrs. Sputum slight. Rales & dulness above left clav.	—	Progressive improvement. Max. temp. on admis. 99.2°. Range of p. 100-70.	Partial rest cure for 14 mos.	Apparently No cured. No cough, no sputum, no rales in 8 mos.	12 lbs.	Family recently discharged, rehabilitated.
Family consists of Robert and Nettie G., aged 37 and 35 yrs., and 3 children, aged respectively 13, 12, and 1 yr.	N. G.	U. S. R. C.	35 yrs.	5-22-13	274	Second stage active. Inflit. both apices, with rales on R. side to 2nd rib. Moderate cough and sputum.	—	Progressive improvement. Max. temp. on admis. 99.4°. Pulse range 96-68.	Partial rest cure.	Apparently No cured. No cough, no sputum, no rales in 6 mos.	9¾ lbs.	Family discharged Feb. 21, 1914, rehabilitated. Robert, husband, gained 5 lbs. Lena, 13 yrs., dentistry; gained 14 lbs. Amelia, 12 yrs., dentistry; gained 4¾ lbs. Gertrude, 1 yr., suspect, gained 6 lbs.
Family consists of Frank and Josephine C., aged 41 and 45 yrs., and 6 children, aged respectively 15, 12,	F. C.	Italian. R. C.	41 yrs.	11-26-13	113	Second stage active. General inflit, right upper and R. middle lobes. (Considerable fibro-	—	Progressive improvement. Max. temp. on admis. 98°. Pulse range 100-64.	Working part of time.	Arrested. No rales. Sputum and cough very seldom.	3¾ lbs.	Beginning to show decided improvement though working. Wife, 45 yrs., healthy; gained 3¾ lbs. Tony, 15 yrs., patient, not amenable to advice, has lost 5¾ lbs.

ADULT PATIENTS—CLASS "B"—(Continued)

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RESIDENCE	AGE AT ADMISSION	DATE OF ADMISSION	No. DAYS IN H.H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
10, 8, 3 yrs., and 6 mos.						sis.) Moderate cough, copious expectoration.						Caroline, 12 yrs., dentistry; gained 6 lbs. Nello, 10 yrs., suspect, bone and skin tuberculosis (?); has gained 4½ lbs. Katie, 8 yrs., suspect, dentistry; and tonsils removed; has gained 1 lb. Antoinette, 3 yrs., patient, adenoids and tonsils removed; has gained 13¼ lbs. Carmella, 6 mos., has gained 5¼ lbs.
Family consists of Andrew and Mary I., 25 and 24 yrs., and 2 children aged respectively 3 and 2 yrs.	A. I.	Hungarian, R. C.	25 yrs.	7-9-13	252	Second stage active. Infiltration both lower lobes posteriorly. Much cough; profuse expectoration.	—	Progressive improvement. Max. temp. on admission, 100.2°. Pulse range 100-68.	Rest cure 252 days. Tuberculin.	Improved. No cough; no sputum; no rales; runs an occasional slight temperature.	5½ lbs.	Much improved by tuberculin. Wife, healthy, has gained 9¼ lbs. (pregnant 2 mos.) John, 3 yrs., adenoids and tonsils removed; has gained 4½ lbs. Marie, 2 yrs., suspect, has gained 3¼ lbs.
Family consists of Jennie DeG., widow, aged 45 yrs., and 5 children aged respectively 14, 12, 11, 7 and 5 yrs.	J. DeG.	Italian, R. C.	45 yrs.	11-25-13	114	Second stage active. Infiltration right and left upper lobes and apex of left lower lobe. Moderate cough and expectoration.	—	Progressive improvement. Max. temp. 99°. Pulse range 86-72.	Partial cure.	Improved. Cough and sputum less. Signs about the same. No temperature for 2 mos.	3¼ lbs.	General appearance much improved. Rose, 14 yrs., mitral insufficiency; dentistry; gained 9½ lbs. Thomas, 12 yrs., adenoids and tonsils removed following which he gained 7 lbs. in 10 days. Mary, 11 yrs., patient, dentistry; tonsils and adenoids removed; gained 1¼ lbs. Louie, 7 yrs., suspect, tonsils and adenoids removed; gained 2¼ lbs. Susie, 5 yrs., patient, tonsils and adenoids removed; gained 1¼ lbs.

Family consists of A. F. Albina F., widow, 26 yrs., and 5 children, aged re- spectively 13, 9, 7, 3 yrs., and 4 mos.	Italian. R. C.	36 yrs.	11-25-13	114	Second stage ar- rested. Infilt. R. upper lobe and l. apex (fib- rosis). Moder- ate cough; scant expectoration.	—	Progressive im- provement. Max. temp. 98.8°. 96- Pulse range 96- 72.	Partial cure.	rest	Arrested. Very slight cough. No sputum.	7½ lbs.	Melancholy and despondent on admission. Now bright and cheerful. Mary, 13 yrs., suspect, dentistry; glasses; gained 7½ lbs. Avanti, 9 yrs., suspect, tonsils and adenoids re- moved; dentistry; no gain or less. Rose, 7 yrs., pa- tient, tonsils and adenoids removed; dentistry; gained ¼ lb. Ribella, 3 yrs., ton- sils and adenoids removed; gained 1¼ lbs. Andrew, 4 mos., normal baby born at H. H.
Family consists of Daniel and Agnes J., 30 yrs. and 26 yrs., and 2 children aged respectively 2 yrs., and 4 mos.	Irish. R. C.	26 yrs.	11-24-13	115	First stage ac- tive (Incipient). Infilt. R. apex. Moderate cough, copious sputum, at times blood streaked. Rapid loss of weight and strength. Pregnant three weeks.	—	Progressive im- provement. Max. temp. 98.6°. 96- Pulse range 96- 64.	Complete rest cure 1 mo. Partial rest cure 1 mo. House work at present.	rest	Arrested; in- constant râles. Cough only occa- sional. No sputum.	11¾ lbs.	Despite pregnancy patient has become arrested. Have had several similar cases at the H. H. Husband, healthy, has gained 1¾ lbs. John, 2 yrs., suspect, gained 4 lbs. Andrew, 4 mos., gained 4¼ lbs.
Family consists of Antonio & Jennie L., aged 38 and 30 yrs., and 5 children, aged re- spectively 12, 10, 6, 3, and 1 yr.	Italian. R. C.	38 yrs.	11-28-13	111	First stage ar- rested. Infilt. R. apex (dry). Hemoptysis 4 mos. before ad- mission. Moderate cough and expec- toration.	—	Progressive im- provement. Max. temp. 98.6°. 92- Pulse range 92- 68.	Partial cure.	rest	Apparently cured. Only occasional cough and expectora- tion.	5¾ lbs.	Patient is in excellent gen- eral condition and Jennie be discharged. Son, healthy, has gained 11½ lbs. Frank, 12 yrs., sus- pect, gained 4½ lbs. Jo- seph, 10 yrs., suspect lost ½ lb. (recovering from adenoid and tonsil opera- tion). Josephine, 6 yrs., adenoids and tonsils re- moved; lost ½ lb. Jennie, 3 yrs., adenoids and ton- sils removed; gained ½ lb. Rose, 1 yr., gained 1½ lbs.
Family consists of Cornelius and An- nie M., aged 40 and 35 yrs., and 5 children, aged re-	Irish. R. C.	35 yrs.	8-28-13	203	Second stage active. Infilt. R. upper and R. middle lobes and apex of upper lobe. Moderate cough	—	Progressive im- provement. Max. temp. 99.8°. 92- Pulse range 112-72.	Partial cure.	rest	Arrested. No râles. Slight cough and expec- toration.	10½ lbs.	Marked general improve- ment in patient. Was los- ting rapidly prior to admis- sion. Husband healthy. Philip 11 yrs., suspect,

ADULT PATIENTS—CLASS "B"—(Continued)

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RELIGION	AGE ON AD-MISSION	DATE OF AD-MISSION	No DAYS IN H.H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
spectively 11, 10, 8, 3, and 1 yr.						and sputum. Recent loss of weight.						adenoids and tonsils removed; gained 6½ lbs. William, 10 yrs., suspect, adenoids and tonsils removed; double herniotomy; plastic for undescended testes; gained 4¾ lbs. Lillie, 8 yrs., suspect adenoids and tonsils removed; dentistry; gained 8 lbs. Gertrude, 3 yrs., suspect, adenoids and tonsils removed; has gained 4½ lbs. Minnie, 1 yr., patient, gained 11¾ lbs.
Family consists of Michael and Delia W., aged 33 and 34 yrs., and 4 children, aged respectively 11, 9, 3, and 1½ yrs.	D. W.	Irish. R. C.	34 yrs.	7-24-13	228	First stage active. Infiltration right upper (rates to 2nd space). Moderate cough and sputum. Losing weight rapidly.	—	Progressive improvement. Max. temp. 100°. Pulse range 96-72.	Partial cure.	First stage arrested. No rates, no cough, no sputum.	12½ lbs.	Patient very forlorn on admission. Now happy and bright; gasses provided. Husband, healthy, gained 23½ lbs. Marie, 11 yrs., suspect, adenoids and tonsils removed; gasses; dentistry; has gained 13 lbs. Katharine, 9 yrs., adenoids and tonsils removed; dentistry; gained 11½ lbs. John, 3 yrs., patient, adenoids and tonsils removed; gained 7¼ lbs. George, 1½ yrs., suspect, gained 7¼ lbs.

ADULT PATIENTS—CLASS "C"

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RESIDENCE	AGE ON ADMISSION	DATE OF ADMISSION	NO. DAYS IN H.H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
Family consists of Frank and Lizzie R., aged respectively 26 and 22, and child 17 mos. old (all patients).	L. R.	U. S. Prot. Episcopal.	22 yrs.	3-20-12	430	Slight cough; no sputum. Fibrosis right apex.	—	Good, especially since death of husband.	None.	Apparently cured. Employed as housemaid.	1½ lbs.	Patient discharged in excellent condition and has remained so. Ethel, 2 yrs. (see children patients).
Family consists of Patrick and Katharine S., and 4 children, aged respectively 7, 4, 2 yrs., and 3½ mos.	P. S.	Irish. R. C.	48 yrs.	3-27-12	479	T. B. pleurisy; pleuritic rales left base.	—	Progressive improvement. Temp. normal. Pulse normal.	Has been working since admission.	Disease apparently cured. General condition excellent. Signs same as on admission.	9¼ lbs.	Patient's earning capacity on discharge \$40 per mo. Ralph, 7 yrs., suspect, adenoids and tonsils removed; circumcision; gained 8¾ lbs. Ella, 4 yrs., patient, gained 2¼ lbs. Stella, 2 yrs., gained 5¼ lbs. Howard, marasmic, hopeless on admission, gained 19½ lbs.
Katharine, wife of Patrick S. (above).	K. S.	Irish. R. C.	27 yrs.	3-27-12	479	Dulness right upper. No rales. Hist. of old tuberculosis.	—	Pelvic peritonitis soon after admission, probably tuberculous, without operation. Progressive improvement since. Temp. and p. normal.	Rest cure 89 days. Light house work 359 days.	Apparently cured; dulness same; no constitutional symptoms.	½ lb.	Woman is like a different person since recovery from peritonitis. Formerly forlorn and haggard; now bright and wholesome.
Mary McG., wife of Martin McG. See Class A.	M. McG.	U. S. R. C.	25 yrs.	3-28-12	155	No active symptoms. Mitral stenosis. Right apex slightly dul; retraction; increased fremitus and voice; broncho-vesic. breathing; no rales. Healed lesion.	—	Improvement progressive at first. Loss later due to dissatisfaction. Temp. normal. Pulse normal.	Housework.	Disease apparently cured. Physical signs unchanged.	½ lb. Had gained 6 lbs.	Mental equilibrium unstable (insanity in family). Not tractable.

ADULT PATIENTS—CLASS "C"—(Continued)

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND REGION	AGE ON ADMISSION	DATE OF ADMISSION	NO. DAYS IN H.H.	CONDITION ON ADMISSION	SPUTUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
Fannie G., wife of Eugene G. See Class B.	F. G.	Russian, R. C.	24 yrs.	3-29-12	355	Healed lesion at apex, dullness retraction. Voice and breathing increased. No cough; no sputum.	—	Unchanged.	Housework.	Disease apparently cured. Signs same.	¼ lb.	Patient not tractable. Mental equilibrium labile. For description of children see Class B (Eugene G.).
Family consists of Leonard and Annie S., aged 21 and 23 yrs., and child of 13 mos.	A. S.	Ireland, R. C.	23 yrs.	4-3-12	183	Slight retr. left apex; incr. voice and breathing. No râles.	—	Stationary. Max. temp. on admis. 98.8°. Range of p. 108-84. Max. temp. 2 mos. before discharge 98.4°. Range of pulse 92-72.	Housework.	Disease apparently cured. Signs same.	None.	Patient 3 mos. pregnant on admission. Kept at hospital until after confinement in order to care properly for mother and produce a healthy child. Baby weighed 8 lbs. at birth. Very well nourished. Nursing when discharged, and in 21 days gained 2 lbs. 4 ozs. Husband gained 5¼ lbs. while working steadily. Helen gained 1¾ lbs. Discharged as not needing further treatment. Family all in good condition.
Mary L., wife of John L. See Class B.	M. L.	Ireland, R. C.	41 yrs.	4-11-12	161	No definite symptoms. Right apex dull; retr.	—	Improved general condition. Max. temp. on admis. 98.2°. Range of p. 84-76. Max. temp. on discharge 98.6°. Range of p. 80-72.	Housework. (Haid woman.)	Apparently cured. Signs same.	2¾	Worked hard and worried much about husband. Provided with glasses. Relieved of incessant headache. Sent to country for 1 wk. Temp. 15 yrs. lost 2¾ lbs. Worried much over father. 15 yrs., gained 1¾ lbs. (in corrigible) Mary, 8 yrs., gained ¼ lb. Dental work done. Ellen, 6 yrs., gained 1¼ lbs. Had teeth attended to. William, 3 yrs. gained ¾ lb.

Annie S., wife of William S. See Class A.	A. S.	U. S. R. C.	41 yrs.	4-22-12	235	Four yrs. slight symptoms; dulness right apex. Dulness and rales at left apex.	—	Progressive improvement. Max. temp. on admis. 99°. Range of temp. 90-76°. Max. before discharge 98.8°. Range of p. 88-80.	97 days' rest cure. Housework tiredly 138 days. Extra milk and eggs.	Apparently cured. Dulness less marked. No rales.	14¾ lbs.	Mental equilibrium labile; much dental attention; glasses and abdominal belt. For description of children see Class A. (Wm. S.).
Salvatore and Josephine F., aged 43 and 33 yrs. and 3 children aged respectively 12, 9, and 5 yrs.	S. F.	Italian. R. C.	43 yrs.	12-10-12	448	Fibrosis R. apex.	—	Improved.	Non-resident at H. H. except week-ends.	Apparently cured. Signs same.	8½ lbs.	Man working in country town. For description of children see Children patients and suspects.
Family consists of John and Julia S. aged 31 and 26 yrs., and 2 children aged respectively 6 and 1 yr.	Julia S.	Austrian. R. C.	26 yrs.	4-11-13	148	Fibrosis of L. apex.	—	Improved.	Housework.	Apparently cured. Signs same.	10¼ lbs.	General appearance much improved. Husband healthy. John, 6 yrs. patient, dentistry; glasses; gained ½ lb. William, 1 yr., suspect, gained 2¼ lbs.
Tony C., aged 15 yrs. (adolescent).	T. C.	Italian. R. C.	15 yrs.	11-26-13	113	Fibrosis R. apex. (Questionable rales.)	—	Improved.	Does not follow advice.	Same signs.	Lost 5¾ lbs.	Patient has failed to follow advice and direction.

ADULT PATIENTS—CLASS "D"

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RELIGION	AGE ON AD-MIS-SION	DATE OF AD-MISSION	No DAYS IN H.H.	CONDITION ON ADMISSION	SPU-TUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN W'GHT	REMARKS
Family consists of Florence B., age 28 yrs., widow and 1 child, 4 yrs., and Florence D., niece.	F. B.	Irish. R. C.	38 yrs.	5-27-13	8	Second stage active. General infiltr. and partial consolidation L. chest; infiltr. R. apex.	—	Unimproved.	Failed to follow advice.	Unimproved.	?	Discharged for failure to follow advice and direction.
Family consists of Jeremiah and Anne M., both aged 24 yrs., and 3 children aged respectively 6, 3 yrs., and 9 mos.	J. M.	U. S. R. C.	24 yrs.	8-8-13	75	First stage arrested. Dulness R. apex; râles to 1st space.	—	Improved. Max. temp. 98.6°. Pulse range 80-60.	Partial rest cure.	Arrested. No cough; no sputum; no râles.	1¼ lbs.	Patient much improved by short residence but unworthy type. James, Jr., 6 yrs., suspect; adenoids and tonsils removed; gained 2¼ lbs. Matthew, 3 yrs., adenoids and tonsils removed; gained ¾ lb. Jerry, 9 mos., patient, gained 15 oz. (Swallowed safety pin—gastrocentrostomy.)
A. M.	A. M.	U. S. R. C.	24 yrs.	8-8-13	75	Second stage active. Infiltr. R. apex and lower lobe. Pregnant half mo.	—	Improved. Max. temp. 100. Pulse range 100-72.	Rest cure.	Second stage active (almost arrested).	14¼ lbs.	Despite complicating pregnancy patient's pulmonary condition steadily improved. Patient not tractable.
Family consists of Frederick and Rose H., aged 36 and 31 yrs., and 4 children aged respectively 11, 9, 7, and 2 yrs.	F. H.	U. S. R. C.	36 yrs.	3-17-14	1	Third stage active. General infiltr. and partial consolidation of R. chest with antrum 6 cm. in R. U. L. Infiltr. L. upper lobe.	+	Just admitted.	Rest cure.	Third stage active.	0	Family just admitted. Wife healthy. Eldest three children are suspects. The youngest, aged 2 yrs., is a patient.
Family consists of Thomas and Mary R., aged 48 and 39 yrs., and 1 child 6 yrs.	T. R.	Irish. R. C.	48 yrs.	1-12-14	65	Second stage active. Diffuse infiltr. R. chest, infiltr. L. apex. Much cough;	+	Progressive improvement. Max. temp. 100.2°. Range of p. 96-68.	Rest cure.	2nd stage active. Cough much improved. Sputum scant.	6¾ lbs.	This initial gain occurs in many of the H. H. patients showing the inimical influence of tenement housing. Mary, 39 yrs.,

Family consists of William and Millicent E., aged 34 and 32 yrs., and 3 children 8, 6, and 2½ yrs. respectively.	W. E.	U. S. Prot. Presb.	34 yrs.	3-18-14	1	Third stage active. General infilt. L. chest with small antrum in L. lower lobe. Infilt. R. upper. Moderate cough and sputum.	+	Just admitted. Temp. on admission 99.8°. Pulse 100. Respiration 32.	Rest cure.	Third stage active.	0	suspect. Frank, 6 yrs., suspect, adenoids and tonsils removed; gained 2 lbs. Family just admitted. Alice, 8 yrs., suspect. Walter, 6 yrs., suspect. Millicent, 2 yrs., patient. Wife, suspect.
Family consists of Lizzie H., widow, aged 33 yrs., and 2 children aged respectively 16 and 8 yrs., and woman's niece, Irene D., 18 yrs.	L. H.	Austrian. R. C.	33 yrs.	2-21-14	25	First stage active. Infilt. R. apex (rules to 2nd rib). Question of infilt. of L. apex. Cough and sputum moderate for 2 mos.	—	Beginning to improve. Max. temp. on admission 100°. Pulse 82.	Partial cure.	First stage active. Cough and sputum slight.	2½ lbs.	Patient beginning to improve, also illustrating initial gain in weight soon after admission. Irene, 18 yrs., gained ¼ lb. Alexander, 16 yrs., lost 1½ lbs. (Tonsillitis). Helen, 8 yrs., patient, gained 1¾ lbs.
Family consists of James and Lillian D., aged 36 and 31 yrs., and one child 13 yrs.	L. D.	English. R. C.	31 yrs.	3-5-14	13	Second stage active. Infilt. L. upper lobe & R. apex. Moderate cough; very slight sputum.	—	Beginning to improve.	Partial cure.	Second stage active.	2½ lbs.	Another illustration of the initial gain in weight soon after admission. Patient has pelvic complications. Husband healthy. Lillian, 13 yrs., suspect.
Family consists of Patrick and Eva C., aged 44 and 31 yrs. Sister Katherine C., aged 48 yrs., and 2 children aged respectively 6 and 4 yrs.	E. C.	U. S. R. C.	51 yrs.	2-19-14	27	Second stage active. Infilt. L. upper lobe—fibrosis R. apex. Old sanitarium case with relapse.	—	Beginning to improve.	Partial cure.	Second stage active.	0	Sister, K. C. did not know she had tuberculosis until examined at H. H. Undoubtedly infected from sister. Husband healthy. Lawrence, 6 yrs., suspect, lost ¾ lb. Lillian, 4 yrs., patient, gained ¾ lb.
	K. C.	U. S. R. C.	48 yrs.	2-19-14	27	Second stage active. Infilt. R. upper lobe. Questionable rules L. apex. Slight cough and sputum.	—	Beginning to improve.	Partial cure.	Second stage active.	1 lb.	

ADULT PATIENTS—CLASS "D"—(Continued)

DESCRIPTION OF FAMILY	PATIENT	NATIVITY AND RE-LIGION	AGE ON AD-MISSION	DATE OF AD-MISSION	No DAYS IN H.H.	CONDITION ON ADMISSION	SPU-TUM	GENERAL PROGRESS	TREATMENT	PRESENT CONDITION	GAIN IN W'GHT	REMARKS
Family consists of Daniel and Mary K., aged 46 and 45 yrs., and 6 children aged respectively 14, 13, 10, 8, 6, and 4 yrs.	M. K.	Irish. R. C.	45 yrs.	1-5-14	72	Second stage active. Infit. of L. chest, Infit. R. U. lobe. Much cough and sputum.	—	Progressive improvement. Max. temp. 98.8°. Pulse range 96-76.	Partial rest cure. Much dentistry.	Second stage active. Signs same. Cough and sputum less.	3¾ lbs.	Patient demonstrates initial gain in weight soon after adm. Husband healthy, gained 1¾ lbs. John 14 yrs., gained 3¾ lbs. Helen 13 yrs., suspect, gained 1¾ lbs. Mary 10 yrs., suspect, dentistry; gained 1½ lbs. Katherine, 8 yrs., suspect, glasses; gained 2¾ lbs. Anna 6 yrs., suspect, adenoids & tonsils removed; gained 2½ lbs. Julia 4 yrs., gained 1 lb.
Family consists of Joseph and Mary K., both 30 yrs., and 4 children aged respectively 8, 6, 4, and 2 yrs.	M. K.	Roman. R. C.	30 yrs.	12-18-14	90	First stage active. R. upper infiltration (rales to 2nd space). Question of L. apex. Cough and sputum 3 mos. Pregnant 6 mos.	—	Progressive improvement. Max. temp. 98.8°. Pulse range 100-80.	Partial rest cure.	Arrested. No rales. Cough and sputum only occasionally.	22 lbs.	Gain in weight includes that due to pregnancy. Despite this condition patient's disease became arrested. Marked general improvement. Husband healthy. Amelia, 8 yrs. suspect, adenoids and tonsils removed; lost 1¾ lbs. Rudolph, 6 yrs., patient, gained 1½ lbs. Joseph, 4 yrs. patient, gained 1 lb. Olga, 2 yrs., patient, gained 1¼ lbs.
Family consists of Raphael and Fannie M., aged 32 and 20 yrs., and 4 children aged respectively 7 and 3 yrs., and twins 4 mos.	R. M.	Italian. R. C.	32 yrs.	1-10-14	67	First stage arrested. Dulness R. apex to 3rd rib. Slight cough and expectoration.	—	Progressive improvement. Max. temp. 98.8°. Pulse range 92-72.	Partial rest cure.	Arrested. Cough and sputum only occasionally.	9¾ lbs.	Patient gaining rapidly since admission. Wife, healthy. William, 7 yrs., suspect, adenoids and tonsils removed; gained 1¾ lbs. Alfonso, 3 yrs., adenoids and tonsils removed; gained 3¾ lbs. Maria and Lena, 4 mos. (twins), are both patients. These cases demonstrate how early the children may become infected.

Family consists of J. M. Elias and Jennie M., aged 37 and 36 yrs., and 4 children aged respectively 12, 10, 9, and 2 yrs.	Aus- trian. Hebrew.	36 yrs.	2-11-14	35	First stage ac- tive. Inflit. R. Lower lobe. Much cough and sputum.	—	Beginning to im- prove. Max. temp. 102.5°. Pulse range 116-80.	Partial cure.	rest	First stage ar- rested. (?) Cough and sputum less.	Lost 2 lbs.	Husband healthy. Sarah, 7 yrs., suspect, lost 1½ lbs. Benjamin, 12 yrs., suspect, lost 2 lbs. Millicent, 9 yrs., patient, lost 2½ lbs. Isador, 2 yrs., patient, gained 1 lb.
Family consists of Michael and Rose B., aged 34 and 31 yrs., and 3 children aged respectively 11, 5, and 4 yrs.	Hun- garian. R. C.	31 yrs.	2-9-14	37	Second stage ac- tive. Scattered inflit. both chests.	+	Beginning to im- prove. Max. temp. 99.4°. Pulse range 100-80.	Partial cure.	rest	Second stage active. Cough and sputum im- proving.	1 lb.	Wife healthy. Alexander, 11 yrs., suspect, gained ½ lb. Irene, 5 yrs., patient, adenoids, and tonsils re- moved; gained ½ lb. Man- garet, 4 yrs., patient, ade- noids and tonsils removed; recovering from operation.

ADULT SUSPECTS											
Family consists of M. R. Thos. and Mary R., aged 48 and 39 yrs., and 1 child 6 yrs.	U. S. R. C.	39 yrs.	1-12-14	65	Questionable râles above clavicle. Coughing; slight temp.	—	Improving. No elevation of pulse or temp.	Housework.	Improved.	?	See description of family under Thos. R. (Class D).
Family consists of Edward & Lillie M., aged 37 and 34 yrs., and 5 children aged re- spectively 11, 10, 8, 6, and 3 yrs.	U. S. R. C.	34 yrs.	11-26-13	113	Inconstant râles R. apex to 2nd rib. Coughing; no sputum. Pel- vic complica- tion. Very ner- vous.	—	Improving. No elevation of pulse or temp.	Partial cure.	rest	Lost 2½ lbs.	Loss of weight due to gynecological complications. (see Edward M., Class A).
Family consists of Amedeo and Er- minia G., each aged 35 yrs., and 4 children aged re- spectively 6, 4, 3, and 1½ yrs.	E. G. Italian. R. C.	35 yrs.	10-15-13	155	Questionable râles both apices poster- iorly. Coughing. No temp.	—	Improving. Cough slight. No elevation of temp or pulse.	Working.	Improved.	1½ lbs.	Working steadily.
Family consists of John & Virginia D'A., each 24½ yrs., of age, and 1 child 4 mos.	Italian. R. C.	24½ yrs.	4-12-12	145	Suspect. No defi- nite signs.	—	Condition unim- proved. Temp. 98.4-97.2°. Pulse 88-76.	Did not fol- low advice and direc- tion.	Unchanged on dis- charge.	Lost 7 lbs.	Mother nursing infant. Both husband and wife caroused late at night. Retained at H. H. 145 days chiefly to give baby good start. Baby gained 4 lbs. 15 oz. (See John D., Class B.)

CHILDREN PATIENTS

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIQUET REACTION	TREATMENT	PROGRESS	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
Gertrude G.	1 yr.	Anaemic pasty baby; fretful; coughing; signs in chest; enlarged glands; running a temperature.	274	Positive after 24 hours.	On careful feeding.	Progressive improvement. Temp. 100.2°-97° (rectal).	General improvement; no cough; chest clear; glands smaller; tonsils enlarged.	6 lbs.	Mother indifferent to advice. Refused tonsillectomy.
John S.	6 yrs.	Pale, anaemic, round shouldered, flat chested child; adenoid facies; mouth breather; large tonsils; huge glands; facial eczema; coughing; running a temperature; signs in chest; dental caries; amnionitis; discharging ear.	148	Refused V. P.	Special nourishment; air open school; dentistry; glasses; adenoids and tonsils removed.	Marked general improvement. Temp. 100°-96°.	No temp.; no signs in chest; no cough; glands subsided; breathes with closed mouth; eczema cured; teeth in repair; good color.	Lost 1/4 lb.	Boy quite transformed from dull, ashen, mouth breathing type to bright happy child.
Jeremiah M.	9 mos.	Anaemic; facial acne; enlarged tonsils; adenoids; enlarged glands; phimosis.	75	Positive reaction after 24 hours.	Part of time in German Hospital.	Range of temp. 100°-97° (rectal).	Unimproved.	15 oz.	Gained 1 pound in first month at H. H. Swallowing a safety pin and was operated on at German Hosp. Family not amenable to advice and direction.
Margaret K.	7 yrs.	Fairly well nourished; very pale; adenoid facies; glands much enlarged; adenoids and tonsils enlarged; dental caries; signs in chest; running a temperature.	122	Suggestive after 24 hours.	Fresh air; extra nourishment; dentistry; adenoids and tonsils removed.	Progressive improvement. Temp. 99.4°-97°.	Marked general improvement; mucous membranes excellent color; glands subsiding; temperature	Lost 1 1/8 lbs.	General condition improved. Breathes with mouth closed.

Ethel R.	15 mos.	Pale, fretful child; coughing much; signs in chest; enlarged glands; running a temperature.	420	Strongly positive after 24 hours.	On roof; extra nourishment; sleeps out.	Marked improvement. Temp. range 98.6°.	progressive improvement. Temp. range 101.4°.	Excellent rosy cheeks; bright healthy appearance; no temp. cough in 6 months; subsiding.	7½ lbs.	This child was transformed from a fretful, sickly baby to a wholesome, bright healthy child. Fractured skull shortly before discharge. Perfect recovery. Child continues to gain and is in excellent condition at present.
Ella S.	4 2/3 yrs.	Pasty anaemic child; looks chronically ill; coughing; enlarged glands; running a temperature.	479	Positive after 60 hours.	Extra nourishment; tonic; dentistry.	Progressive improvement. Temp. range 100.6°-97.4°.		Excellent color; no cough; glands subsiding; still runs slight temp. of 99 deg.	3 lbs.	Patient was picture of chronic illness; eyes sunken; pasty appearance; apathetic; now bright-eyed, smiling; red cheeks.
Florence O'K.	4 yrs.	Pale, pudgy child; enlarged glands; running a temperature; mouth breather.	554	Positive after 24 hours.	Roof; extra nourishment; adenoids and tonsils removed; vaccinated.	Marked improvement. Temp. range 102.2°-98.4°.		Excellent; rosy cheeks; bright eyes; glands small; no temp.	9¾ lbs.	Child completely changed; wholesome looking; much improved by removal of adenoids and tonsils; breathes with mouth closed; child continues in excellent condition since discharge.
James O'K. (Omitted from report of 1st year)	1 yr.	Pale, flabby child; mucous membranes colorless; enlarged tonsils and adenoids; signs in chest; running a temperature; mouth breather; always sick; phimos; eczema.	554	Positive after 36 hours.	Roof; extra nourishment; circumcision; vaccination.	Marked improvement. Temp. range 99.4°-98.4°.		Most excellent; bright eyed; excellent color; no temp.	12¾ lbs.	Child continues to gain since discharge and remains in excellent condition.
Ida G.	3 yrs.	Pudgy, rachitic type; sunken discharging eyes. Mucous membrane very pale; large tonsils and adenoids; enlarged glands; running a temperature; coughing.	349	Positive after 24 hours.	Roof; extra nourishment.	Marked improvement. Temp. range 99.6°-96°.		Plump rosy cheeks; glands subsiding; no temp.; conjunctivitis cured.	4 lbs.	Excellent general condition. To have tonsils and adenoids removed in near future.

CHILDREN PATIENTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIRQUET REACTION	TREATMENT	PROGRESS	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
Olga G.	4 yrs.	Pale, undersized, rachitic mouth breather; large tonsils and adenoids; all glands enlarged; heart murmur; running a temperature; coughing.	349	1st. V. P.—sug- gestive after 24 hours. 2nd. V. P.—posi- tive after 24 hours.	Extra nour- ishment.	Marked progres- sive improve- ment. Temp. range 99.4°-96.8°.	Good color; growing; no cough; no tempera- ture; glands subsiding.	4½ lbs.	To have adenoids and ton- sils removed in near fu- ture.
Emma G.	8½ yrs.	Poorly nourished; anaemic; adenoid faces; en- larged tonsils and ade- noids; enlarged glands; caries. Signs in chest; cough.	349	Positive after 24 hours.	Extra nour- ishment; air open school.	Temp. range 99°- 95.6°.	Good color; gaining rap- idly; no cough; sub- glands; sub- siding; ade- noids; and tonsils re- moved; still signs in chest.	6¼ lbs.	Shows marked general im- provement.
Stephanie B.	3 yrs.	Poorly nourished and de- veloped; anaemic; chronic conjunctivitis; enlarged glands; en- larged tonsils and ade- noids; mouth breather; running a temperature; forlorn looking.	519	Positive after 48 hours.	Open air; tonic; extra nourish- ment; ade- noids and tonsils re- moved; vaccination.	Temp. range 99.4°-96.8°.	Excellent gen- eral condi- tion; good color; good eyes cured; sub- glands; sub- sided; sub- breathes with closed mouth.	9 lbs.	Transformed from dull list- less sickly child to bright, wholesome, happy type.
John W.	2 yrs. 7 mos.	Peaked, wretched appear- ance; very unhappy; pale; coughing; signs in chest; running a temperature; large ton- sils, adenoids and glands.	228	Positive after 24 hours.	Roof; extra nourish- ment; ade- noids and tonsils re- moved.	Marked progres- sive improve- ment. Temp. range 100.2°-96.2°.	Excellent gen- eral condi- tion. Plump; rosy cheeks; breathes with closed mouth; glands small; no cough; no temp.; no signs in chest.	7¼ lbs.	Parents continue to talk of his wonderful improvement since operation for ade- noids and tonsils.

Marie W.	10 yrs. 9 mos.	Pale; adenoid facies. Though just returned from Preventorium was in poor general condition. Enlarged tonsils and adenoids. Enlarged glands; coughing; signs in chest; constant temperature.	228	Positive after 24 hours.	Open school; extra nourishment; adenoids and tonsils removed; dentistry; glasses.	Marked general improvement. Temp. range 99.8°-99°.	General condition excellent; plump; nasal breathing; glands small; no cough; no temperature.	13 lbs.	Very wholesome appearance.
Katherine W.	9 yrs. 2 mos.	Pale, peaked, under-developed. Large tonsils, adenoids and glands; dental caries; coughing; running temp.; signs in chest.	228	Positive after 48 hours.	Open school; extra nourishment; adenoids and tonsils removed; dentistry.	Temp. range 99.8°-99°.	Marked general improvement; looks like different child; glands small; no cough; no temperature.	11½ lbs.	These 3 Wynn children had just returned from a 2 mos. residence at a Preventorium before admission to the H. H. Their condition was poor despite this. Contrast H. H. treatment.
Dorothy S.	8 mos.	Very sickly; marasmic child; facial acne; watery eyes; enlarged glands; umbilical hernia; cough; signs in chest; running a temperature; not expected to live.	671	Positive after 48 hours.	Roof; special nourishment; adenoids and tonsils removed; mastoidectomy.	Range of Temp. (rectal). 102.2°-98°.	Has been in excellent condition. Just convalescing from operation for mastoiditis.	21 lbs.	This child was considered a "hopeless" case upon admission.
Geraldine S.	3 yrs.	Pale, pudgy, pasty appearance. Cough; running a temperature; enlarged glands; enlarged tonsils and adenoids; mouth breather.	671	Positive after 48 hours.	Open air; adenoids and tonsils removed.	Temp. range 99.8°-97.4°. Marked improvement.	Very wholesome; plump; rosy cheeks; no cough; glands small; breathes with closed mouth.	9 lbs.	Is the picture of health.
Ruth S.	6 yrs.	Poorly peaked; very anaemic; sickly; glands much enlarged; enlarged tonsils and adenoids; signs in chest; coughing; running slight temperature;; mild chorea.	671	Negative after 48 hours.	Open school; tonic; extra nourishment; adenoids and tonsils removed; dentistry.	Temp. range 100.2°-99°; progressive improvement.	Much improved; has grown considerably; good color; more life and less chorea; still coughs and runs occasional temp.	10¾ lbs.	Though much improved since last year she is still delicate.

CHILDREN PATIENTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIROUET REACTION	TREATMENT	REACTION	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
Alexander C.	7 yrs.	Poorly nourished and developed; anaemic; nasal obstruction; large glands; cough; signs in chest; running a temperature.	404	Positive after 24 hours.	Open school; extra nourishment; dentistry; adenoids removed.	Temp. 100.4°-96.8°. Progressive improvement.	Well nourished; good color; glands small; good nasal breathing; no cough; chest clear; no temperature.	9 lbs.	Marked general improvement.
Rose C.	2 yrs. 8 mos.	Fair development; very pale; enlarged glands; huge tonsils; adenoids; cough; running a temperature.	100	Positive after 24 hours.	Roof; extra nourishment. Adenoids and tonsils removed.	Progressive improvement. Temp. 100°-97.6°.	Steady improvement; color excellent; glands subsiding; no cough; no temp.	2½ lbs.	Much improved by removal of adenoids and tonsils.
Lillian C.	6 yrs. 8 mos.	Wretched, peaked type; pale; thin; stupid expression; strabismus; large glands; enlarged tonsils and adenoids; signs in chest; cough; running a temperature.	100	Positive after 48 hours.	Roof; tonic; extra nourishment; adenoids and tonsils removed; dentistry.	Progressive improvement. Temp. 99.8°-96.8°.	Considerable improvement; temp. less; cough less; nasal breathing; glands subsiding; color better.	2 lbs.	Child certainly needs hospital care.
Helen H.	7 yrs.	Very poorly nourished and developed; deep circles under eyes; pinched appearance; adenoid facies; cough; tonsils, adenoids and glands enlarged; signs in chest; hypertrophied heart.	13	Strongly positive after 48 hours.	Roof; extra nourishment.	Temp. 99°-97°.	Gaining in weight.	1¾ lbs.	This initial gain is typical of almost all our cases showing strongly beneficial influence of H. H. care. Will soon have tonsils and adenoids removed.
Lillian C.	4 yrs.	Poorly nourished and developed; peaked pale; circles under eyes; narrow round shoulders; enlarged	28	Positive after 24 hours.	Roof; extra nourishment.	Temp. 99.4°-97°.	Beginning to improve.	¾ lb.	Typical tenement type.

Irene B.	5½ yrs.	Glands; large tonsils and adenoids; cough; signs in chest; running a temperature.	37	Strongly positive after 48 hours.	Roof; extra nourishment; adenoids and tonsils removed.	Progressive improvement. Temp. range 99.4°-97°.	Beginning to improve; adenoids and tonsils recently removed.	½ lb.	Same type as above.
Margaret B.	4½ yrs.	Pale; puny; flat nose; mouth breather; enlarged glands; tonsils huge; adenoids; signs in chest; cough; running a temperature.	37	Positive after 24 hours.	Roof; extra nourishment; tonsils and adenoids removed.	Progressive improvement. Temp. range 99.6°-97°.	Recovering from operation for tonsils and adenoids.	Lost ¼ lb.	Child should be greatly improved by operation as she had much naso-pharyngeal obstruction.
Michael D.	5 yrs. 6 mos.	Pale; anaemic misfit, half-starved; scabies; large glands; large tonsils and adenoids; cough; signs in chest; running a temperature; no vitality.	463	Very suggestive after 24 hours.	Roof; extra nourishment; adenoids and tonsils removed.	Progressive improvement. Temp. range 99.4°-96°.	Excellent condition; fine color; no cough; no temp.; no signs in chest; glands small.	4¾ lbs.	Marked general improvement. Child upon admission presented miserable appearance; dull; listless; no vitality. Has been transformed to bright, happy, wholesome appearance.
Aurora C.	4 yrs. 9 mos.	Just returned from Prevontorium; had enlarged glands; large tonsils and typical adenoid expression; cough; running a temperature; scabies.	114	Positive after 48 hours.	Roof; extra nourishment; adenoids and tonsils removed.	Progressive improvement. Temp. range 100.8°-97.4°.	Just recovered from operation for adenoids and tonsils.	Lost ¼ lb.	Family had to be discharged for failure to follow advice and direction. Child showed general improvement and relief of nasal obstruction. Scabies cured.
Dominick G.	1 yr.	Pale, pasty, pudgy, anaemic type; adenoid facies; enlarged glands; large tonsils; running a temperature.	155	Positive after 48 hours.	Roof; careful feeding.	Progressive improvement. Temp. range 102.2°-98° (rectal).	Much improved; has good color; glands but slightly enlarged; no temperature in 2 months.	4 lbs.	Soon to have adenoids removed.

CHILDREN PATIENTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIRQUET REACTION	TREATMENT	PROGRESS	PRESENT CONDITION	GAIN IN W'GHT	REMARKS
Maria G.	3 yrs. 8 mos.	Same as above.	155	Strongly positive after 48 hours.	Roof; extra nourishment; adenoids and tonsils removed.	Progressive improvement. Temp. range 98.2°-97°.	Color much improved; glands subsiding; no temperature in 2 months.	4 lbs.	Much improved by removal of adenoids and tonsils.
Angelina P.	7 yrs.	Poorly nourished and developed; very pale; sunken eyes; huge glands; enlarged tonsils and adenoids; cough; signs in chest; running a temperature.	668	Negative after 24 hours.	Fresh air; open school; extra nourishment; tonsils and adenoids removed; dentistry.	Progressive improvement. Temp. range 100.6°-96.4°.	Rosy cheeks; bright and happy; no cough; no temperature; no signs in chest; good nasal breathing; teeth in repair.	13½ lbs.	Has continued to gain since discharge.
Ellen P.	3 yrs.	Pale, quiet, dull child; signs in chest; cough; enlarged glands; running a temperature.	668	Positive after 60 hours.	Roof; extra nourishment; tonsils and adenoids removed.	Marked progressive improvement. Temp. range 101.4°-96.2°.	Very whole-some; plump, rosy cheeks; no cough; no temperature; no signs in chest; nasal respiration; glands subsided.	9½ lbs.	Transformed from stupid sickly child to bright, wholesome, attractive type.
Harry McL.	4¼ yrs.	Fairly well developed; anaemic; mouth-breather; rachitic chest; enlarged glands; enlarged tonsils and adenoids; cough; running a temperature.	546	Negative after 48 hours.	Open air school; tonsils and adenoids removed; dentistry.	Progressive improvement. Temp. range 100°-96.6°.	On rest cure in bed. Was considered at first, then a suspect at developed definite signs in chest, now doing well.	5¼ lbs.	This is the second member of the family who upon admission was considered a suspect and later found to be a positive case.

6 yrs.	Fairly well nourished; anaemic; glands enlarged; tonsils enlarged; dental caries; signs in chest; running a temperature. Ring-worm of scalp.	546	Positive after 48 hours.	Same as above.	Progressive improvement. Temp. 99.6°-96.6°.	Excellent general condition; plump, rosy cheeks; glands small; teeth in repair; no signs in chest; no cough; no temperature.	10 lbs.	Had a month of complete rest in bed with marked general improvement. Ring-worm cured.
5 yrs.	Fairly well nourished; underdeveloped; fair color; all glands enlarged; adenoids enlarged; dental caries; signs in chest; running a temperature.	485	Positive after 24 hours.	Fresh air; extra nourishment; tonsils removed.	Progressive improvement. Temp. 101.3°-97.4°.	Picture of health. Is chubby, rosy cheeks, bright eyed and happy; glands small; no cough; no signs in chest; no temperature.	5½ lbs.	Present condition is in marked contrast to that on admission.
4½ yrs.	Admitted to H. II after 4 months in Preventorium. Fairly well nourished; fairly good color; glands enlarged; tonsils huge; adenoids; dental caries; coughing; running a temperature.	189	Positive after 48 hours.	Open air; extra nourishment; adenoids and tonsils removed; dentistry.	Progressive improvement. Temp. 100°-97°.	Excellent general condition; glands small; nasal breathing; no cough; no temperature.	1½ lbs.	Healthy looking little boy.
11 yrs. 10 mos.	Underdeveloped; frail; very anaemic; circles under eyes; enlarged glands; large tonsils and adenoids; dental caries; cough; signs in chest; running a temperature.	138	Von Pirquet positive before admission.	Open air school; extra nourishment; adenoids and tonsils removed; dentistry.	Progressive improvement. Temp. 100.3°-97°.	Still coughing and running a temperature but gaining rapidly.	6¾ lbs.	It is just this type of child for whom the H. II. can do so much.
3 yrs. 1 mo.	Pasty and pudgy with adenoid facies; enlarged glands; large tonsils and adenoids and signs in chest.	113	Positive after 48 hours.	Roof; extra nourishment; adenoids and tonsils removed.	Marked progressive improvement. Temp. 99.4°-96°.	Much improved; excellent color; glands subsiding; nasal breathing.	4¼ lbs.	Now has a bright, happy, wholesome expression.

CHILDREN PATIENTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIQUET PROGRESS	TREATMENT	PROGRESS	PRESENT CONDITION	GAIN IN W ^T HT	REMARKS
Susie DeG.	5 yrs. 4 mos.	Forlorn; frail with the physical development of a child of 3 yrs. Listless expression with adenoid facies; enlarged glands; large tonsils and adenoids; signs in chest; coughing; running a temperature; dental caries.	114	Positive after 48 hours.	Roof; tonic; extra nourishment; adenoids and tonsils removed.	Progressive improvement. Temp. range 100°-96.4°.	Beginning to improve from recent operation for adenoids and tonsils.	1 lb.	One of the worst tenement types. Such a child shows to a marked degree the minimal effects of tenement housing.
Rose F.	7 yrs. 2 mos.	Poorly nourished and developed; circles under eyes; pale mucous membranes; enlarged glands; large tonsils and adenoids; signs in chest; coughing; running a temperature; dental caries.	114	Suggestive after 24 hours.	Roof; tonic; extra nourishment; adenoids removed; dentistry.	Progressive improvement. Temp. range 100.8°-96°.	Color much improved; still running a temperature; convalescing from operation for adenoids and tonsils.	¼ lb.	These children usually begin to gain progressively after initial loss from operation for tonsils and adenoids.
Walter H.	2 yrs. 6 mos.	Fairly well nourished and developed; fair color; enlarged glands; huge tonsils and adenoids; running a temperature.	2	Positive in 24 hours.	Roof.	Temp. range 100.4°-99° (rectal).	Just admitted.		To have tonsils and adenoid removed.
George S.	5 yrs. 3 mos.	Fairly well nourished; very anaemic; eye-lid disease; enlarged glands; large tonsils and adenoids; caries; signs in chest; running a temperature; coughing.	115	Positive after 48 hours.	Roof; tonic; extra nourishment; adenoids and tonsils removed.	Progressive improvement. Temp. range 99.6°-97.2°.	Good color; nasal breathing; glands subsiding.	1¼ lbs.	Father a dipsomaniac.
Minnie M.	11½ mos.	Baby had physical development of 4 mos. child. Pale and pasty with adenoid facies; drooling; deep circles under eyes; eczema; huge tonsils; enlarged	203	Positive after 24 hours.	Roof; careful feeding.	Progressive improvement. Temp. range 100.4°-98.2°.	Well nourished; normal weight for age; excellent color; sub-	11 lbs. 14 oz.	Child on admission was markedly under weight for age. In 7 months has reached normal weight and development.

Isidor M.	2½ yrs.	glands; coughing since birth; signs in chest.	36	Positive after 24 hours.	Roof.	Temp. range 99.6°-98° (rectal).	Condition about same as on admission.	0	Child will soon have adenoids and tonsils removed.
Millicent M.	9 yrs. 9 mos.	Just returned from Pre-ventorium. Poorly nourished and developed; enlarged glands; large tonsils and adenoids; signs in chest; coughing; running a temperature.	36	Positive after 24 hours.	Roof; extra nourishment.	Temp. range 100.4°-97.4°.	Same as on admission; had poor appetite.	Lost 2¼ lbs.	Adenoids and tonsils soon to be removed.
Louis M.	3 yrs.	Well nourished and developed; appears healthy; enlarged glands; large tonsils and adenoids.	308	Positive after 48 hours.	Roof; extra nourishment; tonsils and adenoids removed.	Progressive improvement. Temp. range 99.4°-96°.	Very whole-some boy; glands subsided; nasal breathing.	6½ lbs.	Mother a far advanced bed-ridden patient since admission.
Kathleen S.	3 yrs. 4 mos.	Under-developed and under-nourished. Rachitic; adenoid facies; circles under eyes; very pale; enlarged glands; large tonsils and adenoids; signs in chest; coughing; running a temperature.	115	Positive after 48 hours.	Roof; tonic; extra nourishment; adenoids and tonsils removed.	Progressive improvement. Temp. range 102.8°-97°.	Considerable general improvement.	¾ lb.	Father a dipsomaniac.
Edward M.	5 yrs. 11 mos.	Poorly nourished and developed; forlorn expression; deep circles under eyes; round shouldered; enlarged glands; huge tonsils; signs in chest; coughing.	113	Positive after 24 hours.	Roof; tonic; extra nourishment; adenoids removed; dentistry.	Progressive improvement. Temp. range 96.6°-96°.	Much general improvement; color better; upper air passages clear; glands subsiding.	1¼ lbs.	This child and the next 2 demonstrate to a marked degree the evil effects of tenement life.
Marle M.	2 yrs. 10 mos.	Fairly well nourished and developed; adenoid facies; all glands enlarged; large tonsils; coughing; forlorn, listless expression.	113	Positive after 24 hours.	Roof; tonic; extra nourishment; adenoids and tonsils removed.	Progressive improvement. Temp. range 99.6°-97.2°.	General condition much better. Color improved; nasal breathing; glands subsiding; no cough.	1½ 11 s.	Same as above.

CHILDREN PATIENTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIRQUET REACTION	TREATMENT	PROGRESS	PRESENT CONDITION	GAIN IN W ^{ght}	REMARKS
Katherine M.	9 yrs. 10 mos.	Very poorly nourished and emaciated. Lifeless expression; adenoid facies; very pale; hollow chested; enlarged glands; large tonsils and adenoids; signs in chest; running a temperature; coughing; dental caries.	113	Negative after 24 hours.	Roof; extra nourishment; tonsils and adenoids removed; dentistry.	Progressive improvement. Temp. range 100°-96.8°.	Much improved. Color better; has more life; glands subsiding still coughing; occasional temperature.	1 1/4 lbs.	
Rudolph K.	5 yrs. 8 mos.	Poorly nourished and developed; very anaemic; circles under eyes; glands much enlarged; large tonsils and adenoids; signs in chest; coughing; running a temperature.	90	Positive after 24 hours.	Roof; tonic; extra nourishment; myringotomy.	Progressive improvement. Temp. range 99.6°-96.8°.	Color improved; coughs less.	1 1/4 lbs.	Tonsils and adenoids to be removed.
Olga K.	2 yrs. 6 mos.	Fairly well nourished and developed; very pale; circles under eyes; enlarged glands; large tonsils and adenoids; coughing; running a temperature; signs in chest.	90	Positive after 24 hours.	Roof; tonic; extra nourishment.	Progressive improvement. Temp. range 100.8°-98.6°.	Steadily improving. Color much better; coughs less.	1 1/4 lbs.	To have tonsils and adenoids removed.
Grace F.	12 yrs.	Fairly well nourished; anaemic; large glands; large tonsils and adenoids; cough; sputum; signs in chest; chronic appendicitis; rheumatism; teeth bad; running a temperature.	448	No. Von Pirquet.	Open air school; tonic; extra nourishment; tonsils and adenoids removed; dentistry.	Marked improvement. Temp. range 99.4°-96°.	Excellent physical condition. Wholesome, bright and happy. Excellent color; no cough; no temperature; no activity in chest; glands small; teeth in repair.	11 lbs.	This child is a great credit to the Home Hospital.

Raymond F.	9 yrs. 4 mos.	(Omitted from 1st year's report.) well nourished and developed. Pale; adenoid faces; flat nose; all glands enlarged; huge tonsils; cough; sputum; signs in chest; running a temperature.	448	Positive after 24 hours.	Same as above.	Temp. 99.4°-96°.	range	Plump; wholesome; excellent color; glands subsided; no cough; no temperature; chest clear.	10¾ lbs.	Much improved by Home Hospital environment.
Michael F.	5 yrs. 6 mos.	Typical pretubercular type; pale, pudgy appearance; mouth-breather; large glands; large tonsils and adenoids; cough; signs in chest; running a temperature.	448	Positive after 24 hours.	Same as above.	Temp. 99.6°-96°.	range	Excellent general condition. Fine color; glands subsided; good nasal respiration; no cough; no temperature; chest clear.	9½ lbs.	Very attractive wholesome child quite in contrast with his picture on admission.
Lena M.	4 mos.	Healthy, happy baby.	68	Positive after 24 hours.	Roof.	Temp. 99.2°-97.6° (rectal).	range	Doing well.	3 lbs. 1 oz.	Positive Van Pirqet reaction, indicating how early in life children may become infected with tuberculosis.
Marie M.	4 mos.	Same.	68	Positive after 24 hours.		Temp. 99.4°-97.6° (rectal).	range	Doing well.	3 lbs. 1 oz.	Same.
Mary DeG.	11 yrs.	Undersized; fairly well nourished; mucous membranes pale; huge tonsils and adenoids; enlarged glands; signs in chest; coughing; running a temperature.	114	None.	Open air school; tonsils; extra nourishment; tonsils; and adenoids removed; glasses.	Temp. 99.6°-97°.	range	Much improved; nasal breathing; glands subsided; bet-cough; still slight temperature.	1½ lbs.	Gained after admission. Then fractured leg and lost some while convalescing.

CHILDREN PATIENTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIROUET REACTION	TREATMENT	PROGRESS	PRESENT CONDITION	GAIN IN W ^{GT}	REMARKS
Bobbie G.	2½ yrs.	Puny, pale child; running a temperature; adenoids and tonsils enlarged; signs of bronchitis; cough; mouth-breather; running a temperature.	355	Strongly positive after 60 hours.	On roof; extra nourishment; adenoids and tonsils removed.	Marked progressive improvement. Temp. range 100.8°-98.6°.	Excellent; rosy cheeks; glands smaller; no temperature.	5¼ lbs.	Child sickly on admission; although 2½ yrs. old was just about able to totter about; mouth-breather. Now wholesome, active boy. Marked improvement following tonsillectomy and adenoidectomy.
Evelyn W.	3 mos.	Whining, marasmic, apish, cyanotic; skin in folds; scaphoid abdomen with umbilical hernia; enlarged glands; signs of hereditary syphilis; snuffles and fissures.	242	Negative.	Roof, formula feeding; gray powder.	Wonderful improvement. Temp. range 100°-97° (rectal).	Pump, rosy, pointing cheeks; happy; bright; strong arms and legs; able to sit up. Glands small; hernia disappeared; no evidence of lues.	9 lbs. 6 oz.	Upon admission child seemed doomed. Cried continuously; refused feedings; weighed but 9 lbs. 3 ozs. (normal child at 3 mos. weighs 12¼ lbs.). The baby has gained 9 lbs. 6 ozs. in the same length of time that a normal child gains 6½ lbs.
Josephine O'G.	4 yrs.	Wretched appearance; pale, puny; facial eczema and herpes; huge glands; enlarged adenoids and tonsils; cough; signs in chest; mouth-breather; running a temperature.	288	Strongly positive in 48 hours.	On roof extra nourishment; adenoids and tonsils removed.	Marked progressive improvement. Temp. range 101.2°-96°.	Excellent condition; well nourished; good color; pump, rosy cheeks; eczema and herpes cured; glands smaller; no cough; no temperature; chest improved; breathes with mouth closed.	6 lbs.	It is interesting to compare this child with her brother Morris, aged 6 yrs., who lives out with an aunt under good hygienic conditions. Josephine, on discharge, well nourished; pump rosy cheeks; weight 33½ lbs.; tonsils and adenoids removed; glands small; very wholesome appearance. Morris, 2 years older, weighed but 2 lbs. more; thin, anaemic child; adenoids and tonsils enlarged; big glands; typical prepubertal type. This will illustrate what 9 mos. treatment at the H. H. can accomplish.

CHILDREN SUSPECTS

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIROUET REACTION	TREATMENT	PROGRESS	PRESENT CONDITION	GAIN IN W'GHT	REMARKS
William G.	1 yr. 6 mos.	Fairly well nourished; pasty appearance; facial acne; croupy; running temperature.	573	Suggestive after 48 hours.	Roof; tonic.	Progressive improvement. Temp. range 100.6°-97.4°.	Excellent condition. Plump, rosy cheeks; and bright; and happy; glands not enlarged.	8½ lbs.	Very wholesome child.
Charlotte W.	4 yrs. 6 mos.	Fair color and nutrition; pasty, non-resistant type; dental caries; enlarged adenoids; enlarged glands; ring-worm.	477	Positive after 48 hours.	Roof; tonic; extra nourishment; and tonics; adenoids removed; dentistry.	Progressive improvement. Temp. range 99°-96.8°.	Excellent general condition.	6¼ lbs.	Very active, restless type.
Marion W.	9 yrs.	Admitted after 3 mos. at preventorium; and developed; good color; glands enlarged; tonsils, enlarged; dental caries.	477	Positive after 48 hours.	Open air school; tonic; extra nourishment; and tonics; and adenoids removed.	Progressive improvement. Temp. range 99.6°-95.8°.	Excellent appearance. Good nasal breathing; no cough; no temperature; chest clear.	4¾ lbs.	Healthy, normal child.
William S.	1 yr. 3 mos.	Well nourished; fair color; adenoid facies; enlarged glands; large tonsils; signs in chest; coughing.	148	Refused.	Roof; careful feeding.	Progressive improvement. Temp. range 100.6°-97°.	Good color. Still running slight temperature; general condition improved; glands smaller.	Lost 2¼ lbs.	Family not amenable to advice.
James M.	6 yrs. 9 mos.	Poorly nourished; very pale; enlarged glands; large tonsils and adenoids; dental caries.	75	Positive after 60 hours.	Open air school; extra nourishment; tonics; and adenoids removed.	Progressive improvement. Temp. range 99.6°-97°.	Good color; nasal breathing; throat clear; glands subsiding.	2¼ lbs.	Much general improvement.

CHILDREN SUSPECTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. I.	VON PIRQUET REACTION	TREATMENT	REACTION	PRESENT CONDITION	GAIN IN WT.	REMARKS
Ralph S.	7 yrs.	Pale, underfed, poorly developed boy; enlarged tonsils and adenoids; enlarged glands; dental caries; phimosi; running slight temperature on admission.	479	Suggestive after 24 hours.	Open air; tonic; school; extra nourishment; tonics and adenoids removed.	Progressive improvement. Temp. range 98.2°-97.2°.	Good color; glands subsiding; throat clear; no signs in chest; no temperature.	9¼ lbs.	Child had always been very delicate and sickly.
Agnes O'K.	6 yrs.	Fair nutrition; poor color; enlarged tonsils and adenoids; coryza; running a temperature.	554	Positive after 24 hours.	Open air; tonic; school; extra nourishment; tonics and adenoids removed; dentistry.	Marked progressive improvement. Temp. range 98.6°-96.6°.	Very plump, rosy cheeks; breathes with closed mouth; glands subsided; throat clear.	8 lbs.	Picture of health and happiness.
Gactano G.	13 yrs. 2 mos.	Very poorly nourished and developed. Very pale, pasty, peaked appearance. Enlarged glands; dental caries; trachoma.	349	None.	Open air; extra nourishment; dentistry; treatment for trachoma.	Progressive improvement. Temp. range 98.6°-97°.	Rugged, sturdy little boy. Bright and happy.	4½ lbs.	Markedly improved by Home Hospital treatment.
Lillian D.	13 yrs. 9 mos.	Under-developed; good color; enlarged glands; enlarged tonsils; signs in chest; coughing.	14	None.	Tonic; extra nourishment.	Temp. range 98°-97°.	Just admitted.	¼ lb.	
Frances B.	5 yrs.	Very pale; poorly nourished and developed; circles under eyes; tonsils enlarged; glands much enlarged; dental caries.	519	Positive after 48 hours.	Open air; tonic; extra nourishment.	Marked progressive improvement. Temp. range 100.8°-96.8°.	Very well nourished; good color; glands subsided; throat clear; nasal breathing; cough; no temperature.	9¼ lbs.	Looks like a different child.

Mary B.	7 yrs.	Fairly well nourished and developed; pasty; pale and anaemic; circles under eyes; glands enlarged; eruption on skin; enlarged tonsils; dental caries; running a temperature.	519	Suggestive after 48 hours.	Open air school; tonic; extra nourishment; dentistry.	Marked progressive improvement. Temp. range 99.4°-96.2°.	Well nourished; excellent color; glands small; throat clear; no cough; no temperature.	12¼ lbs.	Same as above.
George W.	8½ mos.	Pale, peaked, puny, rachitic child. Enlarged glands; huge tonsils and adenoids; coughing; running a temperature; signs in chest.	228	Negative after 24 hours.	Roof; careful feeding; myringotomy.	Marked progressive improvement. Temp. range 100.2°-97.2°.	Fairly well nourished; excellent color; glands still enlarged; no cough; no temperature.	7¼ lbs.	Tonsils and adenoids soon to be removed; shows marked improvement.
Cathleen C.	8½ mos.	Whining, apish, extreme marasmic type. Wrinkled forehead; sunken eyes; veins distended; ears excoriated; all glands enlarged; skin hangs in folds; partial facial palsy.	100	Negative after 24 hours.	Roof; careful formula feeding.	Remarkable progressive improvement. Temp. range 101.2°-98°.	Chubby; wholesome; rosy cheeks; bright and happy; normal child; palsy disappeared.	6 lbs. 8 oz.	Seemed hopeless on admission.
Joseph B.	4 mos.	Pasty, pale, cyanotic baby; coughing much; signs in chest; running a temperature; enlarged adenoids and tonsils; phimosis.	707	Negative after 24 hours.	Roof; careful feeding; adenoids and tonsils removed.	Marked progressive improvement. Temp. range 103.2°-98.6°.	Stout, sturdy, wholesome child.	18¼ lbs.	Picture of health.
John B.	3 yrs.	Well nourished and developed; poor color; huge glands; enlarged adenoids and tonsils; running a temperature.	707	Negative after 24 hours.	Fresh air; extra nourishment; tonsils and adenoids removed.	Temp. range 100.8°-96°.	Rugged, rough youngster. Picture of health.	8¾ lbs.	Looks anything but a suspect.
James B.	2 yrs.	Well nourished and developed; glands enlarged; adenoids and tonsils enlarged; signs in chest; cough; running a temperature.	707	Negative after 24 hours.	Open air; tonic; extra nourishment; tonsils and adenoids removed; circumcision; plastic	Progressive improvement. Temp. range 101°-97.2°.	Marked improvement. Has been invalided most of year due to severe burns. Now happy and bright.	7½ lbs.	Child had bad contractures from burn scars. These have been corrected by operations and he now walks with a normal gait.

CHILDREN SUSPECTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. I.	VON PIROUET REACTION	TREATMENT	REACTION	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
James B. (Con't.)					operation for burn cicatrices.				
Lawrence C.	6 yrs. 5 mos.	Fair development and color but sickly; glands enlarged; nasal obstruction; large tonsils and adenoids.	28	Positive after 48 hours.	Open air.	Progressive improvement. Temp. range 101.6°-97°.	Has been at Home Hospital but 4 weeks.	1½ lbs.	Soon to have tonsils and adenoids removed.
Alexander B.	11 yrs. 9 mos.	Fairly nourished; very pale; circles under eyes; large glands; huge tonsils and adenoids; dental caries.	37	Positive after 48 hours.	Open air; extra nourishment; tonsils and adenoids removed.	Progressive improvement. Temp. range 99°-96.8°.	Much improved by tonsil and adenoid operation. Color better.	½ lb.	Just recovered from diphtheria.
Mary D.	12 yrs.	Poorly nourished and developed; anaemic; adenoid facies; glands enlarged; adenoids and tonsils enlarged; dental caries; scabies; fever.	463	Positive after 36 hours.	Open air; extra nourishment; tonsils and adenoids removed; dentistry.	Progressive improvement. Temp. range 99.2°-95.4°.	Excellent color. Discharges with closed mouth; glands small; throat clear.	8½ lbs.	Child changed from a listless, mouth breathing child to a bright, wholesome girl.
Nora D.	10 yrs.	Thin, pale; mouth-breather glands much enlarged; dental caries; enlarged tonsils and adenoids; cough; signs in chest; scabies.	463	Negative after 24 hours.	Same as above.	Progressive improvement. Temp. range 98.4°-95.2°.	Very well nourished; excellent color; glands small; throat clear; nasal breathing.	9½ lbs.	Same as above.
Grace C.	10 yrs. 9 mos.	Plump; good color; enlarged glands; large tonsils and adenoids; coughing; just home from Preventorium.	114	Positive after 48 hours.	Open air; extra nourishment; tonsils and adenoids removed.	Progressive improvement. Temp. range 98.8°-96°.	Improved by removal of tonsils and adenoids. No cough.	1 lb.	Child was in good condition on admission.

Josephine G.	2 yrs. 7 mos.	Poorly nourished; poorly developed; very anemic; adenoid facies; glands much enlarged; large tonsils and adenoids; coughing; running a temperature.	155	Negative after 24 hours.	Open air; tonsils and adenoids removed.	Progressive improvement. Temp. range 104°-97.8° (rectal).	Much improved; good color; better nourished; breathes with mouth closed; sub-glands.	3 lbs.	Child is a great credit to the Home Hospital.
Carmella G.	6 yrs. 4 mos.	Wan; hollow-eyed; forlorn; adenoid facies; nasal obstruction; enlarged glands; huge tonsils and adenoids; coughing; running a temperature.	155	Positive after 24 hours.	Open air school; tonsils and adenoids removed.	Progressive improvement. Temp. range 99.6°-96.6°.	Markedly improved; good color; bright appearance; breathes with closed mouth; sub-glands subsiding; better; no temperature.	4 lbs.	Same as above.
Salvatore F.	5 yrs.	Poorly developed, anaemic child; cough; enlarged tonsils and adenoids; glands enlarged; phimosi; fever.	668	Positive after 60 hours.	Roof; tonic; extra nourishment; tonsils and adenoids removed.	Progressive improvement. Temp. range 99.4°-97°.	Very good physical condition; hardy and rugged; excellent color.	4 lbs.	Changed from a puny delicate child to a wholesome hardy boy.
Tony P.	Born in H. H.	Apish, marasmic; whining; sunken eyes; skin in folds; scaphoid abdomen; sunken fontanelles; unable to move; weight 5 lbs. 8 oz.	344	None.	Roof; special feeding with medicine drop-per; sent to Babies Hosp. for wet nurse.	Unimproved. Temp. range 103.4°-97.8°.	Deceased.	Deceased.	Child a hopeless marasmic type. Could not nurse and was fed with medicine dropper. Mother had no milk. Obtained mother's milk from Bellevue Hosp. Mother pregnant on admission. Baby showed slight improvement until hot weather and then faded away.
Joseph McL.	12 yrs.	Just home from Prevention. Looked well; had good color; enlarged glands; large tonsils and adenoids.	546	Positive after 60 hours.	Fresh air; extra nourishment; tonic; anti-theumatic treatment; treat-	Progressive improvement. Temp. range 98.4°-95°.	Very much improved; well nourished; excellent color; teeth in	9¼ lbs.	Child not considered a suspect in last report. This boy and his brother are suspects. The mother, 2 sisters and one brother are patients.

CHILDREN SUSPECTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIROUET REACTION	TREATMENT	PROGRESS	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
Joseph McL. (Con't.)					ment for appendicitis; dentistry.		repair; free from rheumatism.		
Edward McL.	10 yrs.	Just home from Preventorium. Well nourished; good color; enlarged glands; large tonsils and adenoids; dental caries.	546	Positive after 60 hours.	Open school; tonic; extra nourishment; dentistry; and adenoids removed.	Progressive improvement. Temp. 98.6°-95.8°.	Very good color; looks strong; and muscular.	134 lbs.	Brother of above suspect.
Matilda M.	8 yrs.	Fairly well nourished; poorly developed anaemic; rings under eyes; adenoids and tonsils enlarged; dental caries; ring-worm of scalp; fever.	485	Positive after 24 hours.	Open school; tonic; extra nourishment; dentistry; and adenoids removed; dentistry.	Progressive improvement. Temp. 101.5°-97.4°.	Markedly improved. Rosy cheeks; and plump; and glands wholesome; still small; occasional slight temperature.	4½ lbs.	Now a very attractive child.
Nora M.	7 yrs.	Poorly nourished; fair development; anaemic; adenoid facies; enlarged glands; dental caries; fever.	485	Positive after 24 hours.	Open school; tonic; extra nourishment; dentistry; and adenoids removed; dentistry.	Progressive improvement. Temp. 100.5°-97°.	Well nourished; good color; glands small; throat clear; no temperature.	11 lbs	Has shown remarkable improvement.
Elizabeth R.	3 yrs.	Fairly well nourished; under-developed; fair color; circles under eyes; enlarged glands; cough; running a temperature.	189	Negative after 48 hours.	Roof; tonic; extra nourishment.	Progressive improvement. Temp. 104.3°-97°.	Good color; well nourished; glands subsiding; no cough.	4¾ lbs.	Family has gone to Ireland to live on a farm.

John R.	6 yrs. 4 mos.	Returned from Preventorium. Poorly developed; very poor color; enlarged glands; large tonsils and adenoids; coughing; running a temperature.	189	Positive after 60 hours.	Open school; tonsilic; tonsils and adenoids removed.	Progressive improvement. Temp. range 101.2-97°.	Much improved. Excellent color; nourished; throat clear; no cough.	4½ lbs.	Family have gone to Ireland to live on a farm.
Kathleen B.	3 yrs. 1 mo.	Pale; pudgy; mouth breather; typical adenoid facies; circles under eyes; enlarged glands; large tonsils and adenoids; signs in chest; coughing; running a temperature.	138	Negative after 24 hours.	Roof; tonic; extra nourishment; tonsils and adenoids removed.	Progressive improvement. Temp. range 101.8-97°.	Excellent color; breathes with closed mouth; throat clear; glands subsiding; still "wheezy"; no temperature.	3 lbs.	Markedly improved in general appearance.
Thaddius B.	5 yrs. 3 mos.	Fairly well nourished but pale; enlarged glands; diseased tonsils; adenoids; coughing; running a temperature.	138	Negative after 24 hours.	Roof; tonic; extra nourishment; tonsils and adenoids removed.	Progressive improvement. Temp. range 100.2-96.4°.	Color excellent; throat clear; glands subsiding; no cough; no temperature.	2 lbs.	Sturdy looking boy.
Edward B.	14 yrs. 4 mos.	Under-nourished and under-developed; pale; coughing; running a temperature; dental caries.	138	None.	Fresh air; tonic; extra nourishment; much dentistry.	Progressive improvement. Temp. range 100-97.4°.	No cough; no temperature; excellent color; teeth in repair.	4¾ lbs.	Beginning to look rugged.
Patrick B.	8 yrs. 9 mos.	Poorly nourished; pale; circles under eyes; narrow chest; round shouldered; enlarged glands; large tonsils and adenoids; coughing; slight temperature; signs in chest.	138	Negative after 24 hours.	Fresh air; tonic; extra nourishment.	Progressive improvement. Temp. range 99.6-96°.	Plump; good color; rosy cheeks; bright eyes; glands subsiding; no cough; no temperature; questionable signs in chest.	6 lbs	Has gained rapidly; looks well and strong.

CHILDREN SUSPECTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIRQUET PROGRESS	TREATMENT	PROGRESS	PRESENT CONDITION	GAIN IN W'GHT	REMARKS
Nello C.	10 yrs. 1 mo.	Fairly well nourished; small stature; mouth breather; enlarged adenoids; old osteomyelitis of left hand; probable tubercles on foot.	113	None.	Fresh air; tonic; extra nourishment; adenoids removed; orthopedic treatment.	Progressive improvement. Temp. range 99.6°-98°.	Color better; beginning to gain weight; nasal breathing; glands subsiding.	1 lb.	Beginning to improve.
Katie C.	7 yrs. 5 mos.	Poorly nourished and developed; pale, peaked appearance; enlarged glands; large tonsils and adenoids; umbilical hernia; coughing; running a temperature.	113	Negative after 24 hours.	Fresh air; tonic; extra nourishment; tonsils and adenoids removed.	Progressive improvement. Temp. range 99.4°-97°.	Excellent color; breathes with closed mouth.	3¾ lbs.	Gaining rapidly since removal of tonsils and adenoids.
Louis DeC.	7 yrs. 3 mos.	Pale, pasty expression; rachitic head and chest; enlarged glands; huge tonsils, adenoids; caries; coughing; running a temperature; questionable signs in chest; tonsillitis.	114	None.	Open air school; tonic; extra nourishment; tonsils and adenoids removed; dentistry.	Progressive improvement. Temp. range 99.8°-96.2°.	Appearance much improved. Good color; breathes with closed mouth.	3½ lbs.	No temperature nor cough since removal of tonsils and adenoids. Quite constant before operation.
Mary F.	13 yrs. 1 mo.	Fairly well nourished and developed; anemic; melancholy expression; coughing; running a temperature; caries.	114	None.	Open air school; tonic; extra nourishment; dentistry; glasses.	Progressive improvement. Temp. range 99.4°-96.8°.	Marked improvement; excellent color; cough less; no temperature.	7½ lbs.	Appearance completely changed to that of a bright, happy, wholesome girl.
Marie I.	2 yrs. 9 mos.	Pale, pasty child; enlarged glands; large tonsils and adenoids; coughing; running a temperature.	247	Negative after 48 hours.	Fresh air; special nourishment.	Progressive improvement. Temp. range 100.8°-98.2°.	Color much improved; cough very slight; still running slight temperature.	2¾ lbs.	Looks quite healthy.

John J.	1 yr. 11 mos.	Soft pudgy type; mucous membranes poor color; enlarged glands; tonsils and adenoids; cough; running a temperature.	115	Negative after 48 hours.	Fresh air; special nourishment; treatment for ring worm.	Progressive improvement. Temp. range 100.4°-98.4°.	General condition excellent; good color; cough less; occasional temperature.	3¼ lbs.	Markedly improved.
Helen K.	13 yrs.	Under-nourished and developed. Pinched expression; narrow chested; enlarged glands; huge tonsils; dental caries; questionable signs in chest; slight temperature.	73	None.	Fresh air; extra nourishment; tonic; glasses; dentistry.	Progressive improvement. Temp. 99.4°-96°.	Beginning to show improvement.	Lost ½ lb.	Tonsils about to be removed. Loss of weight from recurrent attacks of tonsillitis.
Anna K.	6 yrs. 3 mos.	Well nourished but pasty face; and anaemic; adenoid faces; enlarged glands; huge tonsils; adenoids; coughing; slight temperature; questionable signs in chest.	73	Positive after 24 hours.	Fresh air; extra tonic; nourishment.	Progressive improvement. Temp. 99.6°-97°.	Color much better; general appearance more wholesome.	2½ lbs.	About to have tonsils and adenoids removed.
Katherine K.	8 yrs. 6 mos.	Pale, peaked, with adenoid faces, rachitic chest, enlarged glands; large tonsils and adenoids; caries.	73	Positive after 24 hours.	Fresh air; extra tonic; nourishment; glasses.	Progressive improvement. Temp. 98.9°-96°.	Markedly improved in color and weight.	4½ lbs.	Same as above.
Mary K.	10 yrs. 7 mos.	Very anaemic, round shouldered, under-nourished and under-developed girl. Deep circles under eyes; narrow chest; enlarged glands; large tonsils and adenoids; caries; coughing.	73	Positive after 24 hours.	Fresh air; extra tonic; nourishment; dentistry.	Progressive improvement. Temp. 98.6°-96.8°.	Beginning to improve. Color much better.	½ lb.	Soon to have tonsils and adenoids removed.
Amelia K.	8 yrs. 3 mos.	Well nourished; fairly good color; mouth breather; enlarged glands; large tonsils and adenoids; caries and tartar.	90	Positive after 48 hours.	Fresh air; extra tonic; tonsils and adenoids removed.	Progressive improvement. Temp. 98.8°-97°.	General condition much improved. Breathes with closed mouth; sub-glands subsiding.	¼ lb.	Just recovering from removal of tonsils and adenoids.

CHILDREN SUSPECTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIQUET REACTION	TREATMENT	PROGRESS	PRESENT CONDITION	GAIN IN WEIGHT	REMARKS
Joseph K.	4 yrs. 9 mos.	Pale, peaked, pinched expression; circles under eyes; enlarged glands; large tonsils and adenoids; nasal discharge; coughing; running a temperature.	90	Positive after 24 hours.	Fresh air; tonic; extra nourishment.	Progressive improvement. Temp. 99.6°-96.4°.	Beginning to show marked improvement. Color better; glands subsiding; no temperature.	1 lb.	Soon to have tonsils and adenoids removed.
Frank L.	12 yrs. 3 mos.	Poorly nourished; anaemic; circles under eyes; enlarged glands; huge tonsils and adenoids; ringworm of scalp; tonsillitis.	111	Positive after 48 hours.	Fresh air; tonic; extra nourishment; treatment for ringworm of scalp.	Progressive improvement. Temp. 99°-96.4°.	Well nourished; excellent color; glands subsiding; no temperature.	6¾ lbs.	Same as above.
Joseph L.	9 yrs. 10 mos.	Poorly nourished and developed; anaemic; circles under eyes; mouth breather; enlarged glands; large tonsils and adenoids; cleft uvula.	111	Positive after 48 hours.	Fresh air; tonic; extra nourishment; dental; removal of tonsils and adenoids; staphelorrhaphy.	Progressive improvement. Temp. 99°-95.6°.	Excellent color; breathes with closed mouth; beginning to gain.	1¾ lbs.	Much general improvement.
Philip M.	11 yrs. 10 mos.	Just returned from Pre-ventorium. Under-developed; fair color; enlarged glands; large tonsils and adenoids; running a temperature.	203	Negative after 48 hours.	Open air school; tonic; extra nourishment; tonsils and adenoids removed.	Temp. 100°-98°.	Markedly improved; sturdy; good color; breathes with closed mouth; looks whole-some.	8 lbs.	Transformed from sickly delicate child to a whole-some hardy appearance.
Lillie M.	7 yrs. 7 mos.	Wretched, pale, puny child; sunken, watery eyes; enlarged glands; large tonsils and adenoids; dental caries; running a temperature; coughing.	203	Negative after 48 hours.	Fresh air; tonic; extra nourishment; tonsils and adenoids removed; dental.	Progressive improvement. Temp. 99.8°-96.2°.	Plump; rosy cheeks; breathes with closed mouth; glands subsiding; still occasional slight temperature.	8 lbs.	Same as above.

William M.	9 yrs. 10 mos.	203	Pale, forlorn, poorly developed boy. Enlarged glands; large tonsils and adenoids; coughing; questionable signs in chest; running a temperature; double inguinal hernia and undescended testes; trachoma.	Positive after 48 hours.	Open school; tonic, nourishment; tonsils and adenoids removed; transplanted of both testes; double hereditary.	Progressive improvement. Temp. range 100.2°-96°. Plump cheeks; bronchopneumonia; glands subsided; no cough; no signs in chest.	5¼ lbs.	Both inguinal operations very successful.
Gertrude M.	3 yrs. 10 mos.	203	Very poorly nourished; pasty appearance; adenoid facies; nasal discharge; large tonsils and adenoids; croupy.	Suggestive after 24 hours.	Roof; tonic; extra nourishment; tonsils and adenoids removed.	Progressive improvement. Temp. range 100.4°-96.6°. Very much improved; or, good nasal respiration; glands subsiding; no temperature.	4½ lbs.	No cough since removal of tonsils and adenoids.
William Mon.	7 yrs. 8 mos.	68	Poorly nourished and developed; pale; circles under eyes; adenoid facies; enlarged glands; huge tonsils and adenoids; coughing; running a temperature; questionable signs in chest.	Negative after 48 hours.	Fresh air; extra tonic; nourishment; tonsils and adenoids removed.	Progressive improvement. Temp. range 100°-96°. Marked general improvement. Excellent color; growing plump; breathes with closed mouth; glands subsiding; no cough; occasional slight temperature.	1¾ lbs.	Much improved by removal of tonsils and adenoids.
Benjamin M.	12 yrs. 2 mos.	36	Just home from 3 months in Preventorium; well nourished; pale; circles under eyes; enlarged glands; tonsils and adenoids; nasal obstruction.	None.	Fresh air; extra tonic; nourishment; tonsils removed.	Unimproved. Temp. range 99°-96.4°. Same as on admission.	Lost 2½ lbs.	Soon to have tonsils and adenoids removed.
Sarah M.	7 yrs. 4 mos.	36	Just home from 3 months in Preventorium; fairly well nourished and developed but very pale; enlarged glands; enlarged tonsils and adenoids.	Positive after 24 hours.	Fresh air; extra tonic; nourishment; tonsils removed.	Unimproved. Temp. range 100.4°-96.4°. Same as on admission.	Lost 2½ lbs.	Soon to have tonsils and adenoids removed.

CHILDREN SUSPECTS—(Continued)

NAME	AGE ON ADMISSION	CONDITION ON ADM.	DAYS IN H. H.	VON PIQUET REACTION	TREATMENT	PROGRESS	PRESENT CONDITION	GAIN IN W'GHT	REMARKS
Mary St.	9 yrs. 5 mos.	Poorly nourished and developed; pale; circles under eyes; adenoid faces; enlarged glands; enlarged tonsils and adenoids.	115	Positive after 48 hours.	Fresh air; extra nourishment; tonic; open air school; tonsils and adenoids removed.	Progressive improvement. Temp. 99.6°-96.6°.	Color much improved; good nasal breathing; glands subsiding; no temperature.	2½ lbs.	Marked general improvement after removal of tonsils and adenoids.
William S.	7 yrs.	Poorly nourished and developed; anaemic; circles under eyes; round shouldered; much enlarged glands; large tonsils and adenoids; dental caries—tartar.	115	Positive after 48 hours.	Fresh air; extra nourishment; open air school; adenoids and tonsils removed.	Progressive improvement. Temp. 99.6°-96.6°.	Good color; appearance wholesome; nasal breathing.	3¾ lbs.	Marked general improvement after removal of tonsils and adenoids.
Annie S.	10 yrs.	Readmitted in excellent condition. See last year's report.	480	Positive after 48 hours.	Fresh air; special nourishment; tonic.	Progressive improvement. Temp. 99.4°-96°.	Excellent general condition.	16 lbs.	Picture of health.
Frank R.	6 yrs. 9 mos.	Fairly well nourished and developed; pasty appearance; adenoid faces; enlarged glands; huge tonsils and adenoids; cough; running a temperature.	69	Positive after 48 hours.	Fresh air; extra nourishment; tonsils and adenoids removed; open air school.	Progressive improvement. Temp. 99.6°-96°.	Color much improved; gaining weight; nasal respiration; glands subsiding; occasional temperature.	2 lbs.	Cough improved since removal of tonsils and adenoids.
Grace M.	8 yrs.	Very pale, pinched, forlorn appearance. Enlarged glands; huge tonsils and adenoids; cough; running a temperature; valvula heart disease.	113	Positive after 48 hours.	Fresh air; tonic; extra nourishment.	Progressive improvement. Temp. 100.2°-96.2°.	Color much improved; gaining weight; general condition somewhat improved.	3 lbs.	Typical child of tenement. Removed from school because of cardiac condition.

Lillian M.	11 yrs.	Forlorn, sickly, puny child. Very poorly developed; shoulders, enlarged glands, tonsils and adenoids.	113	Positive after 48 hours.	Fresh tonic; extra nourishment.	Progressive improvement. Temp. 99.6°-96°.	Marked general improvement. Color very good; throat clear; glands subsiding.	4 lbs.	No ear trouble since removal of tonsils and adenoids.
Margaret F.	13 yrs.	Pale, anaemic, poorly nourished; underdeveloped; enlarged tonsils and adenoids; enlarged glands; chronic nasal catarrh; cough; slight temperature.	108	Strongly positive after 48 hours.	Fresh air; extra milk and eggs; glasses provided.	Unimproved. Temp. 99.2°-98°.	Unchanged.	Lost 3/4 lb.	After discharge of family for interperance it was learned that money given parents for food was used for liquor.
Mamie McG.	9 yrs.	Poorly nourished and developed; anaemic; enlarged tonsils and adenoids; enlarged glands; dental caries; questionable signs in chest; running slight temperature.	155	Strongly positive after 24 hours.	Extra milk and eggs; fresh air; dentistry.	Improved. Temp. 99.6°-97.6°.	On discharge had better color; teeth in repair; no temperature in 2 months.	1/2 lb.	Parents refused advice as to care of child; refused operation for tonsils and adenoids.
Katherine McG.	8 yrs.	Pale, frail child; enlarged tonsils and adenoids; enlarged glands; running slight temperature.	155	Strongly positive after 24 hours.	Extra milk and eggs; fresh air; dentistry.	Improved. Temp. 99.2°-96.2°.	Color and nutrition much improved; no temperature for several weeks.	2 1/4 lbs.	Had repeated attacks of tonsillitis; parents refused operation.
Theodore G.	5 mos.	Fairly well nourished child; pale, pasty type.	355	Suggestive after 24 hours.	On formula feeding; tonic.	Improved in last few months.	Fairly well nourished and developed; can walk.	7 1/4 lbs.	Child has had several acute illnesses; bronchopneumonia twice; colitis twice; tonsillitis. Has received very poor attention from erratic mother.
Avanti F.	9 yrs.	Poorly nourished and developed. Circles under eyes; very anaemic; enlarged glands; large tonsils and adenoids. Caries.	114	Positive after 24 hours.	Open school; dentistry; adenoids; tonsils removed.	Progressive improvement.	General appearance much improved.	1/4 lb.	Child just convalescing from operation. Had gained 4 lbs. before operation.

HOME

STATEMENT OF RECEIPTS

YEAR ENDED

RECEIPTS

DONATIONS, per following list:

Anonymous.....	\$2,000.00	
M. L.....	1,000.00	
Anderson, Mrs. A. A.....	2,000.00	
Barbey, Henry G.....	500.00	
Beatty, A. Chester.....	50.00	
Bliss, Cornelius N., Jr.....	1,500.00	
Bliss, Mrs. Cornelius N., Jr.....	500.00	
Bliss, Mrs. Cornelius N.....	500.00	
Bliss, Miss L. P.....	500.00	
Brewster, Mrs. Benjamin.....	500.00	
Brewster, George S.....	1,000.00	
Burlingham, Charles C.....	200.00	
Cobb, Miss Elizabeth C.....	50.00	
Cutting, R. Fulton.....	3,008.00	
Delano, Eugene.....	1,000.00	
Dodge, Cleveland H.....	1,000.00	
Douglas, James.....	250.00	
East River Homes.....	9,500.00	
Ellis, William D.....	10.00	
Harkness, Edward S.....	5,000.00	
Knauth, Nachod & Kuhne.....	10.00	
Milbank, Albert G.....	250.00	
New York Foundation.....	750.00	
Oelrichs & Company.....	100.00	
Pyne, Percy R.....	4,000.00	
Stetson, Francis L.....	250.00	
Stillman, Mrs. Ernest G.....	15.00	
Ward, John Seely.....	250.00	
TOTAL DONATIONS.....		\$35,693.00
EARNINGS OF FAMILIES.....		6,964.10
TOTAL RECEIPTS.....		\$42,657.10
BALANCE ON HAND MARCH 19, 1913:		
Cash.....	\$ 496.27	
Inventory.....	255.99	
		752.26
TOTAL.....		<u>\$43,409.36</u>

HOSPITAL

AND DISBURSEMENTS

MARCH, 1914

DISBURSEMENTS

MAINTENANCE AND OPERATION:

SALARIES:

Local Administration.....	\$ 2,059.92
Clerical.....	961.76
Professional.....	732.50
Nurses.....	2,152.00
Domestic Service.....	1,962.79

TOTAL SALARIES..... \$ 7,868.97

EXPENSES:

Appeals.....	\$ 19.55
Rent.....	7,365.87
Food.....	7,783.78
Clothing.....	888.56
Medical Supplies.....	576.43
Ice and Water.....	222.65
House Supplies.....	1,395.22
Repairs.....	12.09
Telephone & Telegraph.....	83.98
Postage.....	17.06
Stationery & Office Supplies.....	79.23
Moving Expenses.....	30.25
Trans. Employees.....	34.78
Trans. Beneficiaries.....	88.82
Expressage and Cartage.....	3.10
Toys, Games & Entertainment.....	170.86
Light & Power.....	165.00
Dues.....	47.21
Annual Report.....	454.00
Miscellaneous.....	212.18

TOTAL EXPENSES..... \$19,650.62

TOTAL MAINTENANCE & OPERATION..... \$27,519.59

EXPENDED BY FAMILIES..... 6,964.10

CAPITAL EXPENDITURES:

Hospital Furniture & Fixtures.....	\$ 665.83
Office Furniture & Fixtures.....	62.74
Hospital Equipment & Instruments.....	12.00

740.57

TOTAL DISBURSEMENTS..... \$35,224.26

BALANCE MARCH 18th, 1914:

Cash.....	\$ 7,631.18
Inventory.....	553.92

8,185.10

TOTAL..... \$43,409.36

INDIVIDUAL STATISTICS 1912-1914

	UNDER TREATMENT			DISCHARGED						DECEASED			TOTALS	
	Posi- tive	Sus- pects	Not Pati- ents	FOR INEBRIETY		NOT AMENDABLE		REHABILITATED		Posi- tive	Sus- pects	Not Pati- ents	Posi- tive	Sus- pects
				Posi- tive	Sus- pects	Posi- tive	Sus- pects	Posi- tive	Sus- pects					
Adults-Adolescents...	44	3	29	4	0	3	1	7	3	22	0	10	34	1
Children.....	32	44	24	1	1	4	3	1	4	10	7	15	12	11
Infants.....	11	8	10	0	0	1	0	1	1	4	4	7	5	5
Total.....	87	55	63	5	1	8	4	9	8	36	11	32	51	17
Wage Earners.....	31	3	9	2	0	1	5	0	0	12	0	5	51	3

N. B. In group "under treatment" are eight individuals comprising the families of the (2) patients discharged during the first year and readmitted during the second year.

GRAND TOTAL

	Positive	Suspects	Not Patients	Total	Average
Adults-Adolescents.....	78	4	45	127	39.3%
Children.....	44	55	47	146	45.2%
Infants.....	16	13	21	50	15.4%
	138	72	113	323	9.99%
	42.7%	21.3%	34.9%		

PER CAPITA COST OF MAINTENANCE

The following table gives the per capita cost of maintenance and capacity of some of the prominent tuberculosis hospitals and sanatoria in New York State:

<i>Name of Institution.</i>	<i>Capacity.</i>	<i>Per Capita Cost Maintenance.</i>
Summit View Tuberculosis Hospital, Fulton Co.	17	\$1.87
Iola Sanatorium, Monroe Co.....	250	1.22
Montgomery County Tuberculosis Hospital....	20	1.71
Oakmount Sanatorium, Ontario Co.....	30	1.15
Estelle & Walter Odell Memorial Hospital, Orange Co.....	40	1.59
Lakeview Sanatorium, Rensselaer Co.....	51	1.14
Glen Ridge Sanatorium, Schenectady Co.....	72	1.30
Ulster County Tuberculosis Hospital.....	26	1.34
Albany Hospital	90	1.28
Albany Federation of Labor Pavilion.....	15	1.10
Elmira Tuberculosis Hospital.....	30	1.60
Poughkeepsie Tuberculosis Hospital.....	100	1.16
Auburn Municipal Sanatorium.....	25	1.50
New York City Hospital for Incipient Cases, Otisville, New York.....	465	1.36
Yonkers Municipal Hospital for Advanced Cases	40	1.75
Yonkers Sprain Ridge Hospital.....	25	1.50
State Hospital for Incipient Tuberculosis, Ray Brook.....	300	1.28
Average daily per capita cost of maintenance.....		\$1.40

MEDICAL AND SURGICAL TREATMENT AT HOME HOSPITAL, 1912-1914

Operations performed at Home Hospital, 1912-1914:

Operation for Imperforate Anus.....	1
Tonsillectomy.....	92
Adenoidectomy.....	95
Mastoidectomy.....	3
Myringotomy.....	7
Hemorrhoidectomy.....	1
Hernia.....	2
Undescended Testes.....	2
Plastic.....	1
Staphylorrhaphy.....	1
Administration Salvarsan.....	1
Administration of Neosalvarsan.....	5
Injection of Salicylate of Mercury.....	4

Illnesses treated at Home Hospital:

Pertussis.....	3
Chicken Pox.....	2
Conjunctivitis.....	8
Tonsillitis.....	35
Confinements.....	6

Illnesses treated at Home Hospital (Continued) :

Grippe.....	17
Croup.....	2
Bronchitis.....	40
Malaria.....	3
Ileocolitis.....	19
Hysteria.....	1
Pleurisy.....	3
Pelvic Peritonitis.....	1
Retropharyngeal Abscess.....	2
Mastoiditis.....	7
Asthma.....	4
Trachoma.....	3
Rheumatism.....	6
Purulent Discharges.....	9
Lumbago.....	1
Pneumonia.....	6
Pulmonary Hemorrhage.....	13
Diphthera.....	1
Appendicitis.....	4
Eczema.....	9
Mumps.....	2
Gastro Intestinal.....	20
Laryngitis.....	1
Discharging Ears.....	15
Minor Lacerations Innumerable.	
Gastritis.....	50
Burn of 3rd Degree (temporarily treated).....	1
Fracture of Skull with Concussion.....	1
Fracture of Leg.....	1

Members of the families in the hospital were sent to the following special clinics for treatment. As a result of these visits the Home Hospital provided twenty-nine pairs of glasses, two pairs of elastic stockings and one abdominal belt.

Eye and Ear.....	185
Nose and Throat.....	35
Dental.....	595
Gynecological.....	103
Maternity.....	33
Accidents.....	66
Miscellaneous.....	104

The following hospitals admitted members of the families for special treatment:

Babies' Hospital.....	3
Bresbyterian.....	2
St. Lukes.....	1
Bellevue.....	8
Metropolitan.....	3
German.....	3
Manhattan Eye and Ear.....	9
General Memorial.....	1
Reception Hospital.....	3



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